

2018 HEALTH POLICY SURVEY RESULTS

Western Section American
Urological Association



Eugene Rhee, MD, MBA
Chairman, Health Policy Committee

An educational supplement to the WSAUA Health Policy Forum,
October 28, 2018 – Grand Wailea Hotel, Maui, Hawaii



2018 Health Policy Committee

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OVERALL RESPONSE RATE

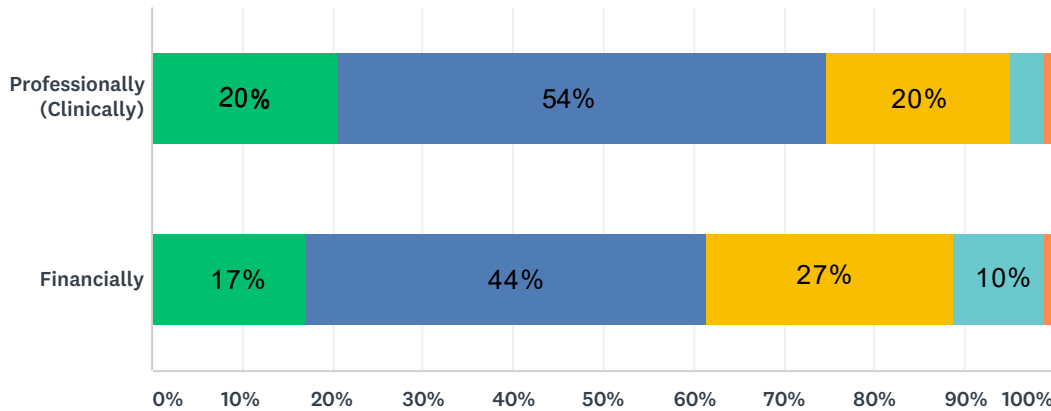
Total Possible = 1,595

Total Responding = 324

20.31%

Q1 Are you satisfied with your urological practice?

Answered: 324 Skipped: 0



■ Yes, totally satisfied
 ■ Mostly satisfied
 ■ Right in the middle
 ■ Mostly dissatisfied
 ■ Not at all satisfied

	YES, TOTALLY SATISFIED	MOSTLY SATISFIED	RIGHT IN THE MIDDLE	MOSTLY DISSATISFIED	NOT AT ALL SATISFIED	TOTAL
Professionally (Clinically)	20% 66	54% 175	20% 66	4% 12	1% 4	323
Financially	17% 55	44% 142	27% 88	10% 32	1% 4	321

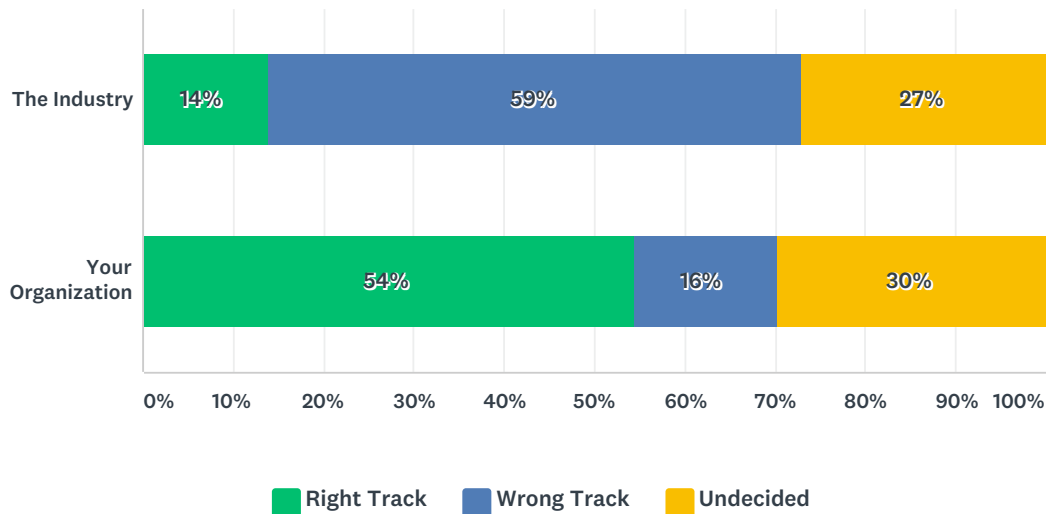
#	COMMENTS	DATE
1	doing ok but i know it will get worse.	9/21/2018 3:54 PM
2	I love the practice of urology.	8/30/2018 5:30 PM
3	Would love to be able to earn more, live well and without debt of medical school.	8/28/2018 12:08 PM
4	Future uncertainly makes me feel uneasy	8/25/2018 10:06 PM
5	I feel very fortunate that I joined the Southern California Permanente Medical Group when I finished residency.	8/25/2018 6:19 PM
6	Reimbursement has eroded steadily in the 20+ years of practice despite same work hours, more administrative hassles.	8/24/2018 3:28 PM
7	computer data entry is not my forte	8/24/2018 12:47 AM
8	I live in HI and don't get financially compensated	8/23/2018 11:10 PM
9	At present I am doing locum work after 35 years of private practice	8/23/2018 4:26 PM
10	Practice had become less favorable financially in recent times	8/23/2018 3:09 PM
11	costs continually rise, reimbursement does not	8/20/2018 4:35 PM
12	more issues with non medical bureaucracy and computer requirements	8/17/2018 10:21 AM
13	age 83, work at the Phoenix VAH, three days a week ,no surgery or night call. See patients and do minor office procedures	8/15/2018 7:16 AM
14	Work twice as hard for half the money	8/12/2018 10:55 AM
15	Work twice as hard for half the money	8/12/2018 10:55 AM

16	retired	8/12/2018 10:33 AM
17	I have a solo practice. I sub-specialize within urology. Overtime, I have been able to create an ideal practice for me.	8/11/2018 4:32 PM
18	In 2018, I have worked 38 years in Urology. With inflation I am receiving a 66% cut in my surgical fees from what I received in 1980.	8/10/2018 10:09 PM
19	must see 22% more pts. to garner 3% increase in income over prior year	8/10/2018 12:58 PM
20	Burned out	8/10/2018 12:48 PM
21	Good supportive department, higher level management is not optimal.	8/10/2018 9:11 AM
22	We plan to change EMRs and add midlevels, which will improve our satisfaction professionally and financially	8/10/2018 8:09 AM
23	There is a large reimbursement gap between employed vs private practice urologist. Efforts should be made to make it as equal as possible.	8/10/2018 8:01 AM
24	Currently the only Urologist practicing in my hospital	8/9/2018 9:38 PM
25	Reimbursement for surgery is way too low for the exposure and risks we take	8/9/2018 8:57 PM
26	Can't see me doing anything else	8/9/2018 8:16 PM
27	Frustrated with EHR and associated mandatory mindless documentation (MACRA, MIPS etc)	8/9/2018 7:51 PM
28	Don't get compensated fairly for the effort I put in.	8/9/2018 5:42 PM
29	Lots of conflict with administration currently.	8/9/2018 5:32 PM
30	I am now retired but was employed for the previous two years by a urology group. I was somewhat limited into what I could do in my hours were a periodically reduced I was compensated based on a percentage of collections but the billing system they used was terrible.	8/9/2018 5:30 PM
31	I love taking care of the patients but am frustrated with the business side of medicine and how difficult it has become to take care of patients.	8/9/2018 5:02 PM
32	working for Kaiser	8/9/2018 4:39 PM
33	I loved my practice for the entire 45 years.	8/7/2018 5:24 PM
34	It is getting worse year over year.	8/2/2018 12:07 PM
35	Pediatric Urology only. (Also Pediatric Surgery-only. No adult practice.	8/2/2018 8:50 AM
36	Should be payed for call on every day at every hospital that wants coverage	8/2/2018 7:25 AM
37	There are always good days and bad days but overall it is okay	8/2/2018 6:17 AM
38	The death of practices smaller than 5 is upon us, unless you are willing to take a huge financial loss. Regulatory, compliance and administrative burden are OVERWHELMING! How is the Federal Government looks to ease regulatory burden in order to spur innovation and efficiency in other industries but the practice of medicine and surgery are being crushed under the weight of this costly contrived beauracatic juggernaut?	8/2/2018 4:40 AM
39	Not being compensated for "call" or accepting transfers/emergent referrals.	8/1/2018 11:54 PM
40	FORCED to retire from solo practice because of electronic health record requirements, as well as pressure from insurance companies etc.	8/1/2018 11:33 PM
41	Have to work harder to earn the same.	8/1/2018 11:12 PM
42	continued erosion of reimbursement	8/1/2018 11:10 PM
43	I am so frustrated by all the secretarial work I have to do and the electronics that are so often off-line or out of service. I hate it and it changes the focus of my patient care.	8/1/2018 10:23 PM
44	In fellowship	8/1/2018 9:43 PM
45	I feel I am part of an amazing practice, much better than many others around the country	8/1/2018 9:03 PM
46	Not as enjoyable with emr institution and increased govt and hosp regulations and oversight	8/1/2018 8:53 PM

47	There is discrepancy between employed position and private practice. The established groups in private practice want to pay peanuts to anyone joining their group and have too many legal restrictions on someone leaving the practice for any reason.	8/1/2018 7:24 PM
48	Income has gone down down down	8/1/2018 6:57 PM
49	Looking for help	8/1/2018 6:38 PM
50	My clinic went to RVU system, which is a RIP off for specialists!	8/1/2018 6:11 PM
51	Retired 4 years ago, even more satisfied than when I was working	8/1/2018 5:54 PM
52	I am retired	8/1/2018 5:40 PM
53	i am working too hard and losing significant finances to overhead costs.	8/1/2018 5:39 PM
54	competition from gynecology is increasing	8/1/2018 5:30 PM
55	Large private practice group. ACCEPT NO INSURANCE BUT M.C.	8/1/2018 5:07 PM
56	Has taken four years for the move to private practice to reach our financial goal	8/1/2018 4:47 PM

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

Answered: 324 Skipped: 0



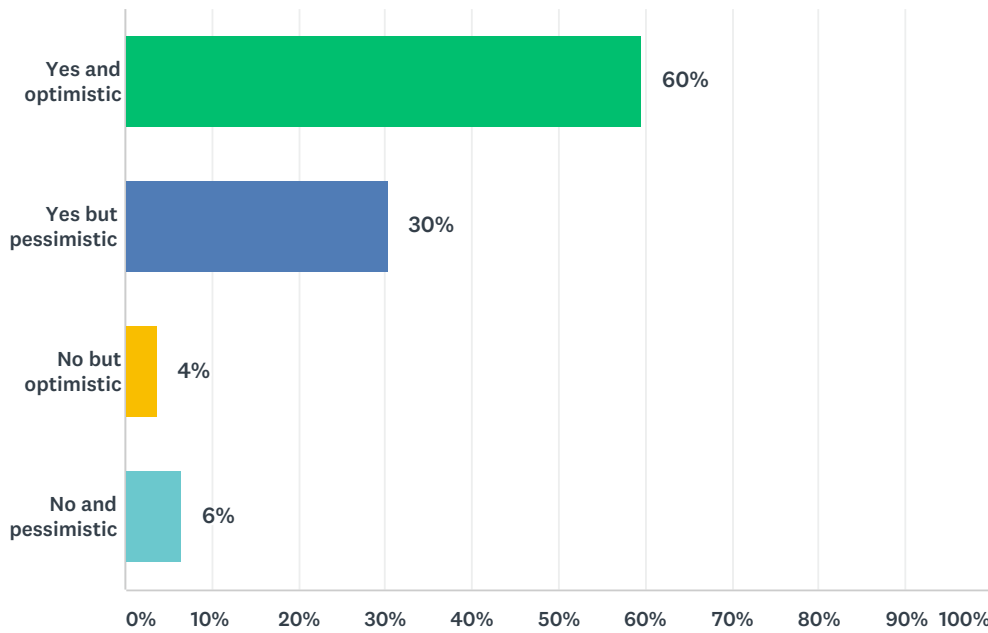
	RIGHT TRACK	WRONG TRACK	UNDECIDED	TOTAL
The Industry	14% 45	59% 191	27% 88	324
Your Organization	54% 175	16% 51	30% 96	322

#	COMMENTS	DATE
1	I work in a population of Medicaid patients. The uncertainty of our future prompts me to write undecided.	8/30/2018 5:30 PM
2	The whole industry is geared to the production of acceptable documents of encounters, and customer satisfaction scores, rather than focusing on patient care.	8/30/2018 9:03 AM
3	Our organization is based on the preventive health and early detection model to lower disease risk. The current state of healthcare is still based on what is done for the patient, but not totally focused on preventing diseases.	8/29/2018 1:36 PM
4	Too much uncertainty makes it difficult to predict the future and access how we should survive.	8/25/2018 10:06 PM
5	unable to see the future of urology most likely assembly line medicine	8/24/2018 12:47 AM
6	We are working longer and longer hours with less recognition and less income.	8/23/2018 6:59 PM
7	too focused on high tech, new drugs focus should be on cost containment and universal access	8/18/2018 11:01 AM
8	as above	8/17/2018 10:21 AM
9	I see private practice doing procedures that enhance income, but do not contribute to the patient's health.	8/15/2018 7:16 AM
10	consolidation of power in hands of administrators, insurance companies, loss of physician autonomy and displaced as patient advocates.	8/13/2018 10:16 AM
11	Drug companies and device manufacturers still have too much control over cost	8/11/2018 7:20 AM
12	I work for kaiser permanente	8/10/2018 12:48 PM
13	Industry needs to focus on compensating medically necessary work, Goldilocks, not too much and not too little care. Just the proper amount. My organization attempts to do that, but we have a ways to go.	8/10/2018 9:11 AM

14	NCCN guidelines has been used selectively by IPA in treatment indications while glossed over in other circumstances! We are loosing autonomy slowly!	8/10/2018 5:52 AM
15	Single payer is the only answer to the problems in health care	8/10/2018 4:46 AM
16	Lack of funds for equipment	8/9/2018 9:59 PM
17	Recently changed healthcare systems	8/9/2018 9:53 PM
18	Trying to restructure our delivery system	8/9/2018 9:38 PM
19	Doctors gave up control to administrators who now control us.	8/9/2018 8:16 PM
20	So many stakeholders with differing and competing agendas makes it difficult to become efficient	8/9/2018 7:51 PM
21	Not sure what the current goals of my organization are, hence undecided. Overall? Bad news.	8/9/2018 5:32 PM
22	Since I retired in October 2017, two of the four remaining doctors have left the practice.	8/9/2018 5:30 PM
23	Not sure what this question is referring to...	8/9/2018 5:02 PM
24	cost of living higher, reimbursements not	8/8/2018 1:15 PM
25	Too much emphasis on billings.	8/7/2018 5:24 PM
26	The American medical system is a disaster, huge dollars spent, not good return on investment and the EMR disaster (no systems talk to anyone else unless you are at the VA)	8/6/2018 8:09 PM
27	we are doing the best we can under the external pressures from the government	8/3/2018 12:59 PM
28	Spending is too high and outcomes too poor. I think my organization does well but always room to improve	8/2/2018 6:17 AM
29	We have an integrated private/hospital owned practice that our hospital is no longer willing to support as they are plaintiffs in a "whistleblower suit" for overcompensating other specialists and feel the exposure in our urologic practice is uncertain, though our arrangement was not part of the suit. They are withdrawing from the arrangement which will end the practice that we've built at their request.	8/2/2018 4:40 AM
30	I worry most about loss of the ACA. Many people were helped, but now they have fewer resources and more limited care.	8/1/2018 11:12 PM
31	EMR is a joke	8/1/2018 11:10 PM
32	Going down unsustainable path and as unit of health care no way to avoid it as not in control	8/1/2018 8:53 PM
33	I work at a county hospital and a local VA, with mostly indigent or underinsured patients at both sites.	8/1/2018 7:30 PM
34	Not really undecided - just neutral	8/1/2018 7:00 PM
35	Need to get better coverage	8/1/2018 6:38 PM
36	see above	8/1/2018 6:11 PM
37	I worked for Kaiser for 31 years. If "medicare for all" was based on the Kaiser model, many of the current problems would be improved.	8/1/2018 5:54 PM
38	I work at the VA and I am greatly opposed to the move toward privatization	8/1/2018 5:17 PM
39	Corporate medicine is totally in charge and the patient is totally lost.	8/1/2018 4:47 PM
40	Single payer will doom Ca	8/1/2018 4:46 PM

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

Answered: 324 Skipped: 0



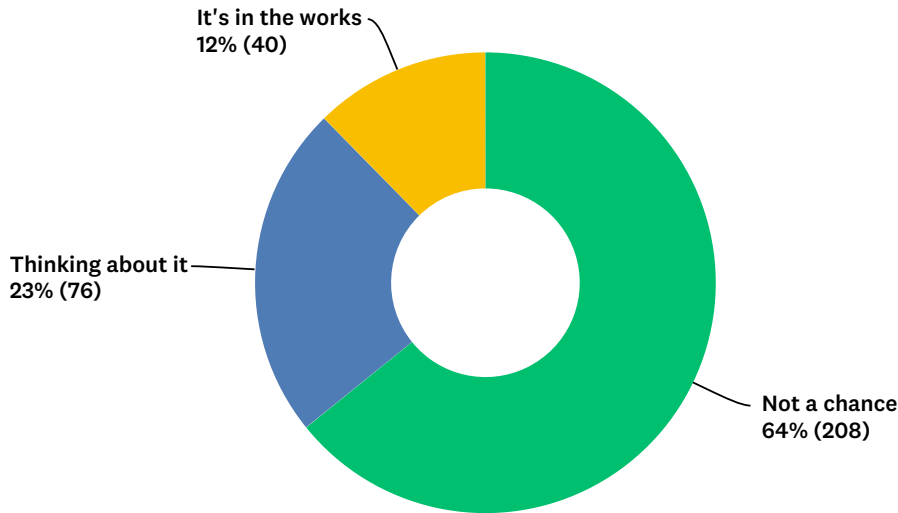
ANSWER CHOICES	RESPONSES	
Yes and optimistic	60%	193
Yes but pessimistic	30%	98
No but optimistic	4%	12
No and pessimistic	6%	21
TOTAL		324

#	COMMENTS	DATE
1	Long term unsure. Short term will make it do.	8/25/2018 10:06 PM
2	Na	8/24/2018 12:42 PM
3	costs are greater than reimbursement for clinical care all revenue is in ancillary fees	8/24/2018 12:47 AM
4	More concerned with ancillary staff needs and losing docs due to social politics	8/23/2018 11:10 PM
5	Employed. Our organization lost 8 million last year.	8/23/2018 6:59 PM
6	my locum work is viable as private practice is not.	8/23/2018 4:26 PM
7	Having to cut salary this month to keep open	8/20/2018 4:35 PM
8	We are independent and hospital will either put us out of business or employ us	8/19/2018 8:18 PM
9	Insurance providers are putting the pressure on us	8/18/2018 7:07 PM
10	part of large los angeles health system	8/13/2018 10:16 AM
11	retired	8/12/2018 10:33 AM

12	At this time, I have an established patient base and referral pattern. I am involved in hospital governance. I can control costs in my practice and pursue an appropriately aggressive financial growth strategy.	8/11/2018 4:32 PM
13	risk for burnout, needs organizational change, fewer md-only tasks	8/11/2018 12:59 PM
14	We have to work harder and faster while spending 2-3 hours a day filling out the computer data fields for administrators, insurance wonks and data miners. Not very exciting or productive. More time and effort is spent completing a data field than getting it right.	8/10/2018 10:09 PM
15	Hospital has lost accreditation	8/9/2018 9:59 PM
16	Being hospital acquired	8/9/2018 9:38 PM
17	There will always be a role for good private practice principles	8/9/2018 8:57 PM
18	But I am aging	8/9/2018 8:16 PM
19	We are a physician led 10 person group but internal distractions are frustrating	8/9/2018 7:51 PM
20	In the greater organization, we have built a very productive and stable microcosm.	8/9/2018 5:32 PM
21	Need to change the model and the expectations of the patient to align with the system	8/9/2018 5:11 PM
22	I am planning on retiring early because of ongoing frustrations. I would love to work part part but it does not make sense because of the overhead cost in the office. I might elect to do locums in spite of there being a shortage of urologists in our community.	8/9/2018 5:02 PM
23	But I am retiring in a year	8/9/2018 4:48 PM
24	I am concerned about financial viability with many employers moving towards Kaiser and many high deductible plans make patients less willing to be treated	8/8/2018 1:15 PM
25	unable to replace retiring physicians.	8/3/2018 12:59 PM
26	Academic urology	8/2/2018 8:17 AM
27	See 2 above	8/2/2018 4:40 AM
28	Totally retired as of October 2017	8/1/2018 11:33 PM
29	I am part of a 14 urologist subset of a 150 Dr. multi specialty group. The CEO is aggravating and the billing department is horrible. I don't know why the physicians haven't made some changes!	8/1/2018 10:23 PM
30	Still in training- fellowship	8/1/2018 9:43 PM
31	We will need to continue to adapt to be in the forefront	8/1/2018 9:03 PM
32	I'm pessimistic because the current administration is undermining efforts to adequately fund the underinsured.	8/1/2018 7:30 PM
33	Yes but neutral	8/1/2018 7:00 PM
34	need change and less administrative expenses. getting worse every year and extremely frustrating to watch helplessly.	8/1/2018 5:39 PM
35	Closing this month	8/1/2018 4:57 PM

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

Answered: 324 Skipped: 0



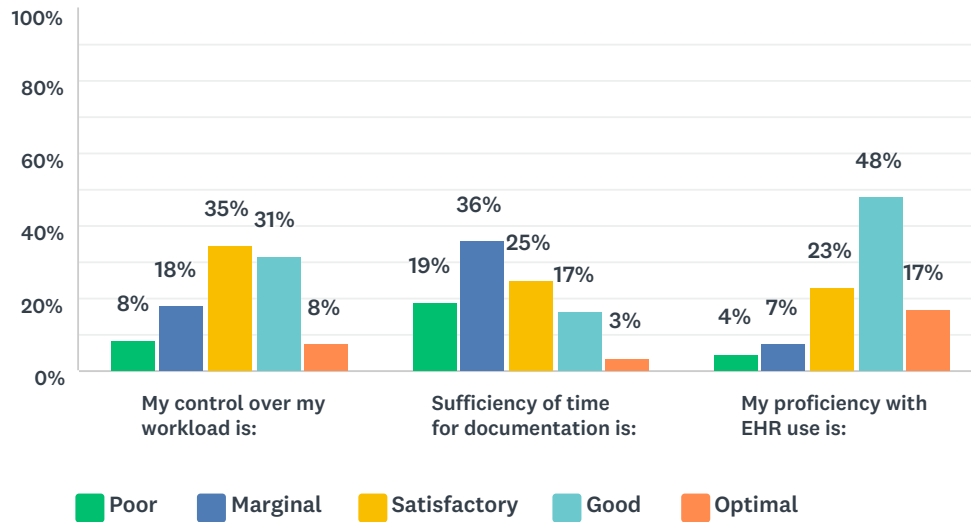
ANSWER CHOICES	RESPONSES	
Not a chance	64%	208
Thinking about it	23%	76
It's in the works	12%	40
TOTAL		324

#	COMMENTS	DATE
1	but not for professional reasons	9/3/2018 1:19 AM
2	20 more years to go - still early in career	8/25/2018 10:06 PM
3	I've had enough of working for a "non-profit" and am retiring at the end of this year; at least from this position.	8/25/2018 6:08 PM
4	Just retired 2 yrs ago at 79	8/24/2018 12:42 PM
5	Cannot financially retire otherwise would	8/23/2018 11:10 PM
6	Waiting for kids to go to college in 5 years	8/23/2018 9:04 PM
7	At 75, I would like to continue but do need to pay support staff, rent, etc etc.	8/20/2018 4:35 PM
8	I do plan to retire, due to age and personal financial security, not due to dissatisfaction	8/18/2018 11:01 AM
9	thinking and doing are 2 different things...I have too many bills to actually do	8/17/2018 10:21 AM
10	financially able at any time, but the experience is good for me and I am well liked where I work	8/15/2018 7:16 AM
11	only 42 years old	8/13/2018 10:16 AM
12	The burocracy is killing me	8/12/2018 10:55 AM
13	The burocracy is killing me	8/12/2018 10:55 AM
14	its done	8/12/2018 10:33 AM
15	It's in the works. I am slowing down and plan to work locum tenants in 1 to 2 years.	8/10/2018 10:09 PM

16	Too young	8/10/2018 12:48 PM
17	Pension requires me to work to age 60	8/10/2018 9:11 AM
18	I will consider retiring in that time frame because I've worked long enough, not due to dissatisfaction	8/10/2018 8:00 AM
19	I am thinking of retiring because of my age, 67	8/10/2018 5:52 AM
20	But I'm 65!	8/9/2018 8:57 PM
21	Age 67	8/9/2018 8:16 PM
22	Need to work to put 3 kids through college	8/9/2018 7:51 PM
23	Due to my age	8/9/2018 6:04 PM
24	Not interested in recertification, call and ungrateful patients	8/9/2018 5:37 PM
25	Retired October 2017	8/9/2018 5:30 PM
26	too young	8/9/2018 4:41 PM
27	financially it is getting harder, if another opportunity arose outside of clinical practice i would seriously consider taking it. cannot afford to retire yet though	8/8/2018 1:15 PM
28	I retired on July 1, 2018. I miss it already.	8/7/2018 5:24 PM
29	I'm 65	8/3/2018 12:59 PM
30	Going to something different than what I am now doing. Want to get away from hospital patients	8/2/2018 1:01 PM
31	At 70.5, still active clinically, academically, and administratively.	8/2/2018 8:50 AM
32	Just 3 years into practice	8/2/2018 8:17 AM
33	Actually already planning for "66 years/7 months".	8/1/2018 11:54 PM
34	Done 10/2017	8/1/2018 11:33 PM
35	Wthinking of retiring but only because it's time....not dissatisfied	8/1/2018 9:30 PM
36	I won't retire in 3 years unless I have to take medical retirement (and that's due to any currently unforeseen disease/injury).	8/1/2018 7:30 PM
37	already retired	8/1/2018 5:54 PM
38	Due to taking a new job at Kaiser, I must work 14 more years to get the retirement.	8/1/2018 5:51 PM
39	im 42, i shouldnt be thinking about it but burn out is real.	8/1/2018 5:39 PM
40	I am 81 y.o., full practice, no open surgeries, excellent health, but ageing is relentless	8/1/2018 5:07 PM

Q5 Workload

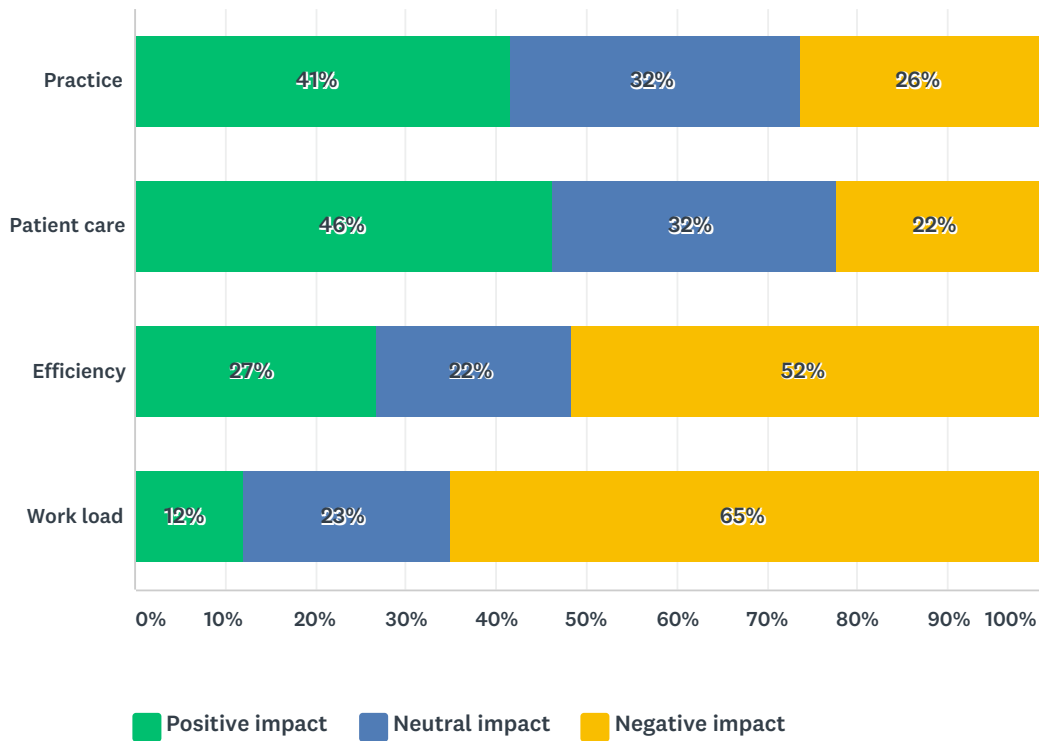
Answered: 324 Skipped: 0



	POOR	MARGINAL	SATISFACTORY	GOOD	OPTIMAL	TOTAL	WEIGHTED AVERAGE
My control over my workload is:	8% 27	18% 58	35% 112	31% 101	8% 25	323	3.12
Sufficiency of time for documentation is:	19% 61	36% 116	25% 81	17% 54	3% 11	323	2.50
My proficiency with EHR use is:	4% 14	7% 24	23% 75	48% 155	17% 55	323	3.66

Q6 Which of the following best describe the overall impact of an EHR on you and your practice?

Answered: 323 Skipped: 1



	POSITIVE IMPACT	NEUTRAL IMPACT	NEGATIVE IMPACT	TOTAL
Practice	41% 134	32% 104	26% 85	323
Patient care	46% 149	32% 102	22% 72	323
Efficiency	27% 86	22% 70	52% 167	323
Work load	12% 39	23% 74	65% 210	323

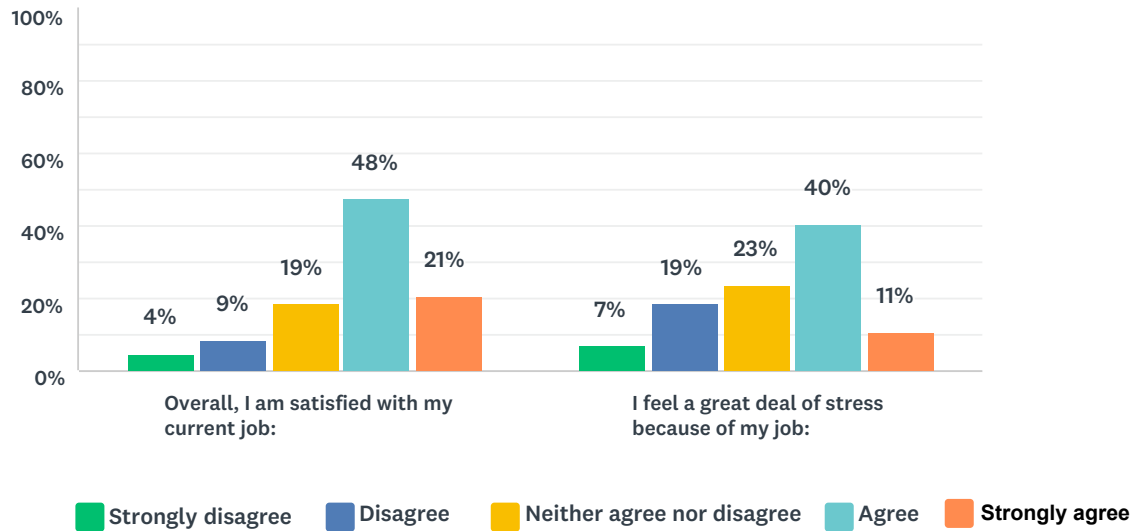
#	COMMENTS	DATE
1	in the beginning a waste of time, now manageable by not using all the ehr is capable of.	9/21/2018 3:54 PM
2	A scribe would make my workload a positive impact.	8/30/2018 5:30 PM
3	information at the fingertips is truly the way to go. The old way of faxing/tracking down documentation should (hopefully) go away	8/28/2018 7:44 PM
4	Good and bad - but good documentation is needed and EMR helps in this regard	8/25/2018 10:06 PM
5	EHR has been disruptive to the physician-patient relationship, but good at keeping data organized.	8/24/2018 3:28 PM
6	End up doing many things myself as the tasks need to go through EMR	8/23/2018 9:04 PM
7	My ability to see patients has been cut by 3/4	8/23/2018 6:59 PM
8	EHR takes too much valuable time and attention away from patient	8/23/2018 4:26 PM
9	Although time consuming it makes visualization and follow up so much easier	8/23/2018 4:12 PM

10		8/23/2018 3:55 PM
11	in the beginning a waste of time, now manageable by not using all the ehr is capable of.	8/22/2018 3:43 PM
12	It does not help communication- with docs or patients	8/20/2018 4:35 PM
13	We travel and have satellite offices. EHR works when internet/server cooperates	8/18/2018 7:07 PM
14	SO much easier to track labs over time and retrieve info from other consultants; but data entry/charting takes longer	8/18/2018 11:01 AM
15	all of the above- only benefit is being able to see films and check on patients remotely- the documentation part and dumping of clerical activities to MDs is frustrating.	8/17/2018 10:21 AM
16	i see at the most eight patients a day. When in private practice I was able to see fifteen patients an afternoon after a busy morning in the OR.	8/15/2018 7:16 AM
17	no option given for NO EMR -- because of its negative effects on all the above	8/14/2018 7:43 PM
18	EHR isn't the problem, its the regulations of what must be documented.	8/14/2018 5:46 PM
19	Use Epic, use standardized order sets, op note templates , etc	8/14/2018 11:03 AM
20	I'm too accessible for random questions from patients, health system obligates us to respond to the frequent, silly comments and questions from patients	8/13/2018 10:16 AM
21	documentation burden is HIGH, and uncompensated	8/11/2018 12:59 PM
22	The ease of getting old charts, legibility, lab data/imaging reports, previous admissions is great, but the hoops you have jump through is painful. Also, once something is in the EMR, it is now "fact" even if it is 100% wrong.	8/10/2018 10:09 PM
23	Great for data mining though	8/10/2018 4:27 PM
24	This has become an avenue for high level management to off load work to the physicians that is not compensated.	8/10/2018 9:11 AM
25	These answers are for an ideal EMR	8/10/2018 8:09 AM
26	For every benefit with ear in terms of efficiency there is something else that takes longer so in the end it's a wash	8/9/2018 9:29 PM
27	Slows down the work	8/9/2018 8:16 PM
28	A lot of distraction while interviewing. Patients note it	8/9/2018 6:04 PM
29	Moving to Epic soon, hopefully this changes.	8/9/2018 5:32 PM
30	I had to hire a scribe to survive, I would not mind if our EMR talked to anyone else	8/6/2018 8:09 PM
31	Spend more time clicking boxes and pay extra for IT cost at the expense of time spent with patient. If it was good the health industry would have adopted it without the imposition by congress. Do you know any other sector of the economy where technology is imposed by the government (congress?)	8/2/2018 5:41 PM
32	I use paper charts and happt with this decision	8/2/2018 1:01 PM
33	Very happy with EPIC.	8/2/2018 10:14 AM
34	Transition to the EHR was decreases my ability to efficiently see patients. But this is improving as our practice adapts to the necessary workflow issues and hires additional MA support staff. The biggest benefit for the EHR is in the large data resource for QI and research purposes.	8/2/2018 7:01 AM
35	THE net balance is positive, particularly with respect to accessing outside and old records	8/2/2018 6:17 AM
36	I don't personally know a single MD or administrator who thinks any EHR they have worked with achieves any significant positive results in any of those domains.	8/2/2018 4:40 AM
37	We use EPIC which is powerful. My problem is that I can no longer afford a scribe.	8/1/2018 11:12 PM
38	I think the EHR is too cumbersome and when we get medical records from the University we have to be a detective to actually find a meaningful information. We used 10 times more paper now then we used to use with paper chart. The whole cookie cutter aspect is problematic . And of course the exorbitant cost of the licenses And soft and hardware is ridiculous!	8/1/2018 10:23 PM
39	Too many patient emails all the time	8/1/2018 9:29 PM

40	Need PT and OT due to emr and getting more burdensome for minimal gain	8/1/2018 8:53 PM
41	30% reduction in the number of patients I can see in a day	8/1/2018 7:48 PM
42	Retrospective assesment	8/1/2018 5:54 PM
43	Medicine has really evolved into a CYA documentation, driven by Medicare and lawsuits.	8/1/2018 5:51 PM
44	worst thing is patient access to released notes and irrelevant complaints	8/1/2018 5:30 PM
45	In my experience the problem with the electronic records is that there is tremendous motivation to designate that you have done much more than you really have weather examination or review of systems which not only is unethical but also creates serious issues when trying to review past records to make decisions regarding new findings, so the past record suggesting that you've done things that are normal actually can be horribly miss leading and create problems with patient care	8/1/2018 5:22 PM
46	I personally do not use EHR although others in my group do	8/1/2018 5:07 PM
47	Even in a small, "concierge" type setting an EMR is a necessary evil. Terrible.	8/1/2018 4:47 PM

Q7 Please tell us about your personal well being:

Answered: 324 Skipped: 0



	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	TOTAL
Overall, I am satisfied with my current job:	4% 14	9% 28	19% 60	48% 154	21% 67	323
I feel a great deal of stress because of my job:	7% 23	19% 60	23% 75	40% 130	11% 34	322

#	COMMENTS	DATE
1	Work load is high; but unable to tune it down due to demand and financial need.	8/25/2018 10:06 PM
2	Burnout has been a problem for all of us in our practice.	8/24/2018 3:28 PM
3	I am fully retired	8/24/2018 12:42 PM
4	As a female physician my female RN staff needs are more important than my own from an admin perspective needs	8/23/2018 11:10 PM
5	Solo practice with larger group support is a very good arrangement!	8/23/2018 9:04 PM
6	Always chasing my tail. Just trying to stay afloat.	8/23/2018 6:59 PM
7	I had tremendous stress in practice which was one of the causes of quitting, besides no coverage	8/23/2018 4:26 PM
8	I started my own practice two years ago after being in the worst practice in the universe. I tailored my practice to suit my needs.	8/23/2018 4:12 PM
9	Except for my 7 years remaining on my lease, I can chuck it at any time.	8/20/2018 4:35 PM
10	last year I would of been totally satisfied, but going negative fast	8/19/2018 8:18 PM
11	I like what I do and where I work but not the admin and personality pressures	8/17/2018 10:21 AM
12	I'm satisfied because I feel being a physician is a calling that I willfully answer. The rest of it is painful.	8/13/2018 10:16 AM
13	I love my patients and work. I hate all the documentation and hoops to write "Stop abc medication or order a simple test.	8/10/2018 10:09 PM
14	On call hours. Too many obesity caused stones	8/10/2018 4:27 PM
15	Treated as a "second class citizen"	8/9/2018 5:30 PM

16	I limit the number of patients per day (no more than 18-20) to remain sane!	8/9/2018 5:02 PM
17	stress is financial in nature	8/8/2018 1:15 PM
18	Frustrated is a better way to get express it b cause patient care still gives me the satisfaction I like.	8/2/2018 5:41 PM
19	I "retired" from my longtime practice with Kaiser and now just doing contract work 6-8 days/ month	8/2/2018 1:01 PM
20	Did I use the term OVERWHELMING already?	8/2/2018 4:40 AM
21	Lack of support and more work cause stress. But I love my patients and my practice.	8/1/2018 11:12 PM
22	Again, this is mainly due to the electronic health record at the office and all of the secretarial stuff I must implement all of the different hospitals I work in. I find that I spend more time doing the secretarial stuff then the surgeries.	8/1/2018 10:23 PM
23	Retirement is great	8/1/2018 5:54 PM
24	Since moving to Kaiser in Aug 2018 from an employed model (RVU based) x 5 yrs and 10 yrs of private practice before that, life is WAY less stressful	8/1/2018 5:51 PM
25	Retirement is GREAT!	8/1/2018 5:40 PM
26	This is why I left academics.	8/1/2018 4:47 PM

Q8 Using your own definition of “burnout,” please select one of the answers below:

Answered: 324 Skipped: 0

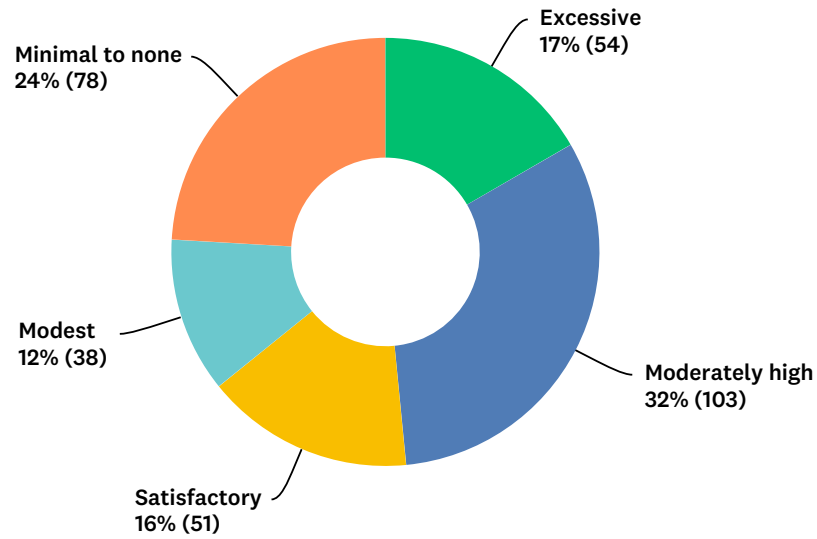
ANSWER CHOICES	RESPONSES	
I enjoy my work. I have no symptoms of burnout.	16%	53
I am under stress, and don't always have as much energy as I did, but I don't feel burned out.	49%	159
I am definitely burning out and have one or more symptoms of burnout, e.g., emotional exhaustion.	24%	78
The symptoms of burnout that I'm experiencing won't go away. I think about work frustrations a lot.	9%	30
I feel completely burned out. I am at the point where I may need to seek help.	1%	4
TOTAL		324

#	COMMENTS	DATE
1	little stress but i manage.	9/21/2018 3:54 PM
2	Am retired and happy	8/24/2018 12:42 PM
3	new since ehr	8/24/2018 12:47 AM
4	lack of coverage for more than two weeks was a big problem causing me to quit.	8/23/2018 4:26 PM
5	I did have burnout previously. I'm much better now that my new practice is set up	8/23/2018 4:12 PM
6	EHR makes me sometimes feel stressed but certainly not burned out.	8/23/2018 2:55 PM
7	little stress but i manage.	8/22/2018 3:43 PM
8	I'm exhausted with little emotional energy for my family.	8/13/2018 10:16 AM
9	I am 66- being in call is chalanging	8/12/2018 10:55 AM
10	I am 66- being in call is chalanging	8/12/2018 10:55 AM
11	I get home at 8 PM and I could work for another 3 hrs doing paperwork	8/10/2018 10:09 PM
12	During the year I fluctuate between feeling burned out not being burned out.	8/10/2018 9:11 AM
13	I was completely burned out 3 years ago, and am only just recovering in a new position	8/10/2018 8:00 AM
14	at times I have felt very burned out	8/9/2018 8:24 PM
15	Listen to my retiring prior than I had intended	8/9/2018 5:30 PM
16	i have reduced workload	8/8/2018 1:15 PM
17	As my workload has decreased, I have less pressure, but lower income is somewhat more stressful.	8/6/2018 7:25 PM
18	Not true any more , but was up until August of last year	8/2/2018 1:01 PM
19	Good days and bad here too. I am definitely burned out and seeking ways to deal with it, do not think that career change will help however. Need to adapt to where I am	8/2/2018 6:17 AM
20	Administrators and bueracrats pay slip service to burn out as they continue to "pile on" to it's inciting causes.	8/2/2018 4:40 AM
21	"Burned out" 4 years ago. Had to seek assistance: was not offered by "work", some received from peers.	8/1/2018 11:54 PM
22	I compensate with constructive activities	8/1/2018 11:12 PM
23	I am often emotionally exhausted as I feel like I'm always trying to catch up.	8/1/2018 9:29 PM

24	Retirement cures burnout	8/1/2018 5:54 PM
25	Again, much less stress than in my prior practice. I was burned out before taking on this new job w Kaiser.	8/1/2018 5:51 PM
26	It is due to the current state of affairs that I retired	8/1/2018 5:40 PM
27	was worse last month	8/1/2018 5:39 PM
28	Burned out in 2017. Changed to large multispecialty group from small single specialty group and improved but not gone.	8/1/2018 5:27 PM

Q9 The amount of time I spend on the electronic health record (EHR) at home is:

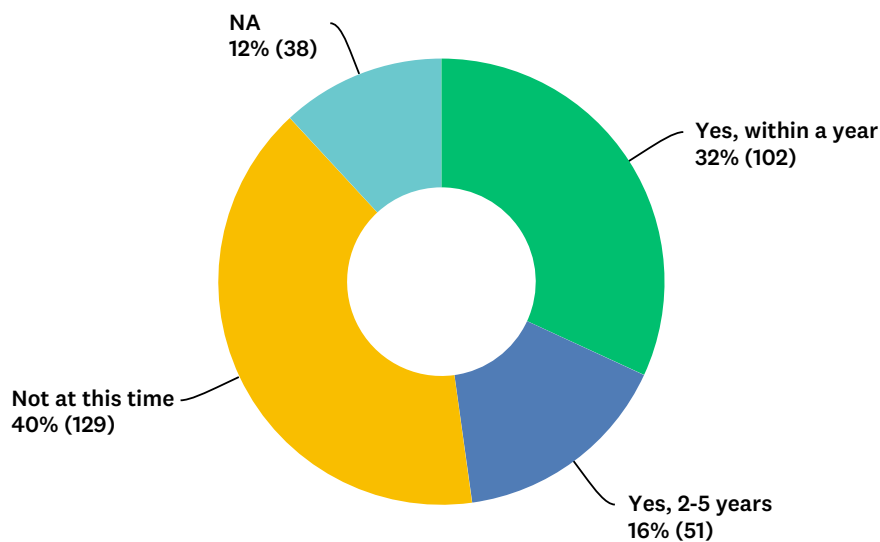
Answered: 324 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excessive	17%	54
Moderately high	32%	103
Satisfactory	16%	51
Modest	12%	38
Minimal to none	24%	78
TOTAL		324

Q10 Are you looking for a partner?

Answered: 320 Skipped: 4



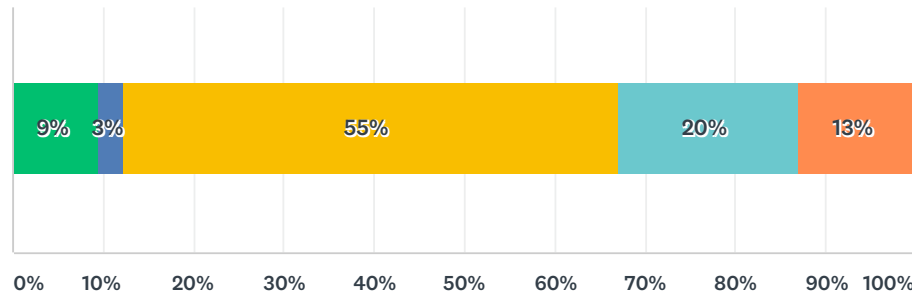
ANSWER CHOICES	RESPONSES	
Yes, within a year	32%	102
Yes, 2-5 years	16%	51
Not at this time	40%	129
NA	12%	38
TOTAL		320

#	COMMENTS	DATE
1	Difficult to provide high starting salary to attract partners	8/25/2018 10:08 PM
2	I plan to work part-time when I retire. 2 other urologists will retire in the next 2 - 5 years. My group will look to hire another 1-2 urologists w/in 5 years.	8/25/2018 6:23 PM
3	Am retired	8/24/2018 12:45 PM
4	Trying to get a partner, or replacement was a task	8/23/2018 4:28 PM
5	we will start looking in a about 6 mos with plans to hire for a year or two from now.	8/23/2018 2:57 PM
6	Would love to get one, but have given up.	8/20/2018 4:40 PM
7	Impossible to find	8/12/2018 10:57 AM
8	Can't attract or afford a partner	8/9/2018 9:42 PM
9	We just hired 2 docs. May look for more PAs if More providers will be needed	8/9/2018 7:55 PM
10	Have interviewed several candidates, but not been able to sign anyone due to high cost of living in the area, competition with large health care corps (Kaiser Permanente).	8/9/2018 6:09 PM
11	Interviewed 4 and three turned down Bay area too expensive	8/9/2018 5:40 PM
12	Partner joining in 2019	8/9/2018 5:08 PM
13	So far we have been unsuccessful in recruiting a new partner	8/9/2018 5:03 PM
14	hiring for 2019	8/9/2018 4:41 PM

15	We are always looking, group of 10 always needs replacements	8/6/2018 8:12 PM
16	immediately. do you know anyone?	8/3/2018 1:01 PM
17	Pediatric Surgery partner. Urology is now adequately covered.	8/2/2018 8:54 AM
18	Large group, we frequently have searches for new talent	8/2/2018 6:18 AM
19	We need the help to care for patients but I don't want the responsibility of taking on another "millennial snowflake" whose "life balance" concerns so out weigh their commitment to patient care and practice support.	8/2/2018 4:47 AM
20	Just hired: he starts in 1 month.	8/1/2018 11:56 PM
21	Military setting	8/1/2018 10:24 PM
22	I'm in an academic practice -- I don't decide whether to hire.	8/1/2018 7:34 PM
23	Hard to find	8/1/2018 6:59 PM
24	looking for 3-4	8/1/2018 5:40 PM
25	Hired a part time PA which helps with reducing workload.	8/1/2018 5:29 PM
26	We would really just like someone sublet but would consider a partner to take over within 5 years.	8/1/2018 4:50 PM

Q11 Has your practice been impacted by hospitals' hiring of urologists?

Answered: 321 Skipped: 3



- Yes, I am under the threat of hospital consolidation
- Yes, I am likely selling my practice / being hired
- No
- N/A
- Other (please specify)

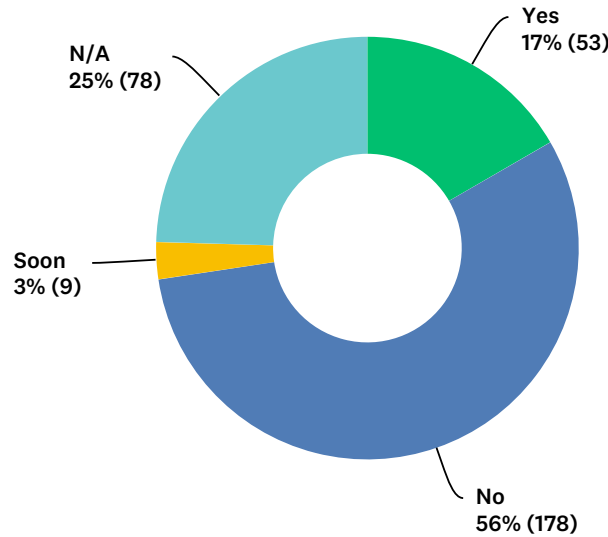
ANSWER CHOICES	RESPONSES	
Yes, I am under the threat of hospital consolidation	9%	30
Yes, I am likely selling my practice / being hired	3%	9
No	55%	176
N/A	20%	64
Other (please specify)	13%	42
TOTAL		321

#	OTHER (PLEASE SPECIFY)	DATE
1	they cannot afford us.	9/21/2018 3:54 PM
2	Work for large academic health system	8/30/2018 5:33 PM
3	None	8/29/2018 1:37 PM
4	My practice was impacted in the past causing me to join the hospital.	8/25/2018 6:09 PM
5	I am a hospital urologist	8/23/2018 11:12 PM
6	Already hospital employed	8/23/2018 10:03 PM
7	REcently left 18 year practice because of dissatisfaction with finances of merger with multispecialty clinic. Building a practice within a hospital system.	8/23/2018 9:26 PM
8	Already owned by hospital	8/23/2018 7:03 PM
9	Hiring freeze- unable to bring on a new urologist	8/23/2018 5:53 PM
10	n/a	8/23/2018 4:28 PM
11	I was employed by a hospital	8/23/2018 3:57 PM
12	My group is hospital employed	8/23/2018 6:33 AM
13	hospital employed urologist increase local competition	8/21/2018 2:55 PM
14	Hospitals have made it impossible for me to afford a partner	8/20/2018 4:40 PM
15	as university based, we are the ones impacting...	8/17/2018 10:22 AM
16	already work for academic group, huge system	8/13/2018 10:17 AM

17	Yes, hospital able to pay new urologists more	8/11/2018 7:23 AM
18	Hmo	8/10/2018 12:49 PM
19	Already owned by hospitals	8/10/2018 6:46 AM
20	Already in psa/msa	8/10/2018 4:21 AM
21	They have threatened to hire someone once every few years	8/9/2018 10:35 PM
22	Not yet	8/9/2018 7:55 PM
23	university practice	8/9/2018 6:47 PM
24	Kaiser	8/9/2018 4:41 PM
25	I sold my practice to a hospital 2 yrs ago	8/7/2018 10:07 PM
26	Hospital hiring my competition	8/6/2018 8:12 PM
27	I have been hosptial employed for 12 years.	8/3/2018 1:01 PM
28	As above	8/2/2018 4:47 AM
29	Employed MD.	8/1/2018 11:56 PM
30	I'm in academic practice.	8/1/2018 10:51 PM
31	Large tertiary group coming into town	8/1/2018 10:27 PM
32	CA hospitals cannot hire urologists	8/1/2018 10:24 PM
33	I work for county hospital system as independent contractor	8/1/2018 9:34 PM
34	Hospitals are asking us to take over the urologist they hired.	8/1/2018 9:15 PM
35	University based so we are part of the problem	8/1/2018 8:55 PM
36	I am a hospital urologist.	8/1/2018 7:34 PM
37	I voluntarily joined the hospital medical group 2 1/2 years ago, good decision for me.	8/1/2018 6:33 PM
38	Done Deal.... now a "Foundation"	8/1/2018 6:12 PM
39	In Kaiser system	8/1/2018 5:54 PM
40	Retired	8/1/2018 5:41 PM
41	California.	8/1/2018 5:34 PM
42	My hosp. hires urologists but we compete very successfully	8/1/2018 5:11 PM

Q12 Have you merged or are you considering merging with another Urology practice?

Answered: 318 Skipped: 6



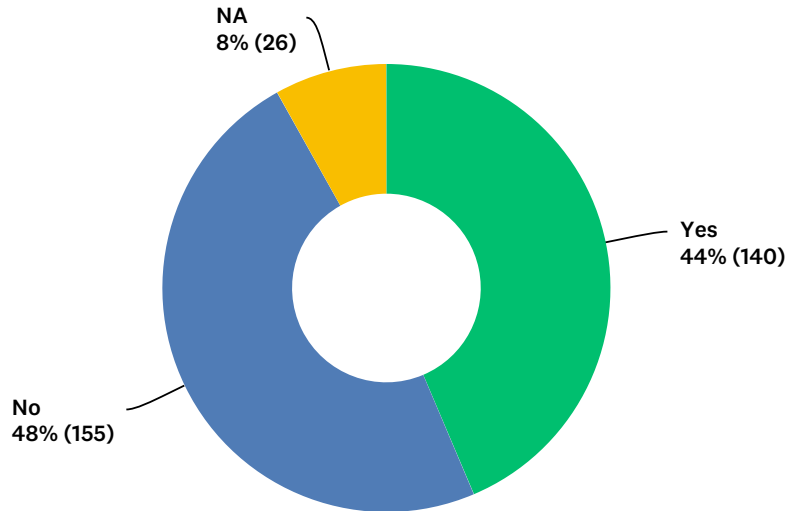
ANSWER CHOICES	RESPONSES	
Yes	17%	53
No	56%	178
Soon	3%	9
N/A	25%	78
TOTAL		318

#	COMMENTS	DATE
1	merged and lost. it was a mess. would have been better to have remained solo.	9/21/2018 3:54 PM
2	5 years ago we absorbed a small practice (3 urologists)	8/30/2018 5:33 PM
3	Our multi-specialty group has merged with another larger multi-specialty practice organization.	8/30/2018 9:09 AM
4	Merged 3 practices into a multispecialty clinic. Doubt the financial viability of the multispecialty clinic.	8/23/2018 9:26 PM
5	VA/govt urologist	8/23/2018 5:53 PM
6	lease problems; would consider	8/20/2018 4:40 PM
7	we added an outside group one year ago	8/18/2018 11:03 AM
8	VA employee	8/15/2018 7:20 AM
9	We have already merged - 13 man group but we are not well organized	8/12/2018 10:57 AM
10	This has relieved me of a lot of stress. No more bills	8/10/2018 10:13 PM
11	I am hospital-employed	8/9/2018 9:55 PM
12	Tried 10 yrs ago	8/9/2018 9:42 PM
13	I didn't merge my practice into this for me and Urology grew two years prior to retiring	8/9/2018 5:32 PM
14	We feel we need to grow or insurance companies don't care or listen to you and contracts suck	8/6/2018 8:12 PM

15	yes when we all became hospital employed	8/3/2018 1:01 PM
16	Just became full-time, paid university faculty (UCSF)	8/2/2018 8:54 AM
17	Our rural practice does not facilitate that very well. The next urology group is 120 miles away.	8/2/2018 4:47 AM
18	I did this 2 1/2 years ago from a solo practice 284 or five men urology group and it was unsatisfactory	8/1/2018 11:35 PM
19	We Had to merge with a multi specialty group 3 years ago so that the insurance companies would negotiate with us. Otherwise they would not.	8/1/2018 10:25 PM
20	We are looking into the option	8/1/2018 9:05 PM
21	Tried and did not work out	8/1/2018 6:59 PM
22	Kaiser	8/1/2018 5:54 PM
23	Considering	8/1/2018 5:34 PM
24	I have joined a multispecialty group with urologists but we have our own divisions and are responsible for our own revenue and costs.	8/1/2018 5:29 PM

Q13 Do you (or the practice) plan to add any non-physician providers (Physican Assistants or Nurse Practitioners) in the next 12 months?

Answered: 321 Skipped: 3



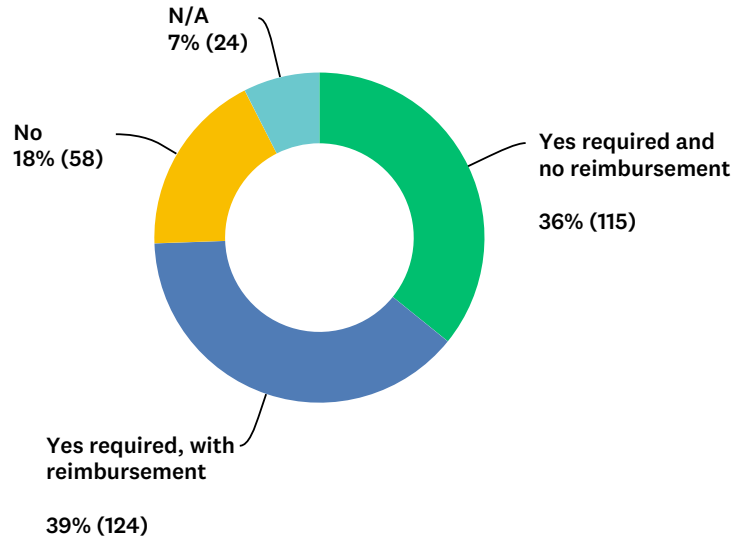
ANSWER CHOICES	RESPONSES	
Yes	44%	140
No	48%	155
NA	8%	26
TOTAL		321

#	COMMENTS	DATE
1	we are shooting ourselves on the foot by using them in urology. at least we must hold our ground. PA?NP is a sure way to reduce our role and need in the future. Would you really want to see a PA/NP when a board certified, experienced, well educated and trained urologist MUST see the PA/NP???	9/21/2018 3:54 PM
2	4 new ones	8/30/2018 5:33 PM
3	we just hired a PA	8/29/2018 4:57 PM
4	Am retired	8/24/2018 12:45 PM
5	salaries are very high for ahp	8/24/2018 12:49 AM
6	Only if they could take call too!	8/23/2018 11:12 PM
7	Had 2 NPs, one left, now looking to add a PA.	8/23/2018 3:12 PM
8	How do you afford?	8/20/2018 4:40 PM
9	we have 2 PA's in our 6 urologist practice	8/18/2018 11:03 AM
10	Always a need. Constant turnover	8/15/2018 7:20 AM
11	PA	8/14/2018 11:09 AM
12	maybe?	8/13/2018 10:17 AM
13	Just did this month--our 4th PA	8/11/2018 7:23 AM
14	Possibly	8/10/2018 10:13 PM

15	I already have an NP	8/9/2018 10:35 PM
16	1 PA	8/9/2018 10:16 PM
17	Already have them	8/9/2018 5:40 PM
18	We hope to do that	8/9/2018 4:41 PM
19	Always looking for good PA or NP	8/6/2018 8:12 PM
20	Already have 7 (PAs and NPs)	8/2/2018 8:54 AM
21	We have gone from 1 to 3 in the last 2.5 years and dropped a doc. NP's are easier to work with and they tend to feed surgical volumes per physician rather than dilute them.	8/2/2018 4:47 AM
22	I do not know what is being planned.	8/1/2018 11:16 PM
23	Need bedside assistant for robotic cases	8/1/2018 9:34 PM

Q14 Are you being required to provide ER coverage at your hospital? Are you being reimbursed?

Answered: 321 Skipped: 3



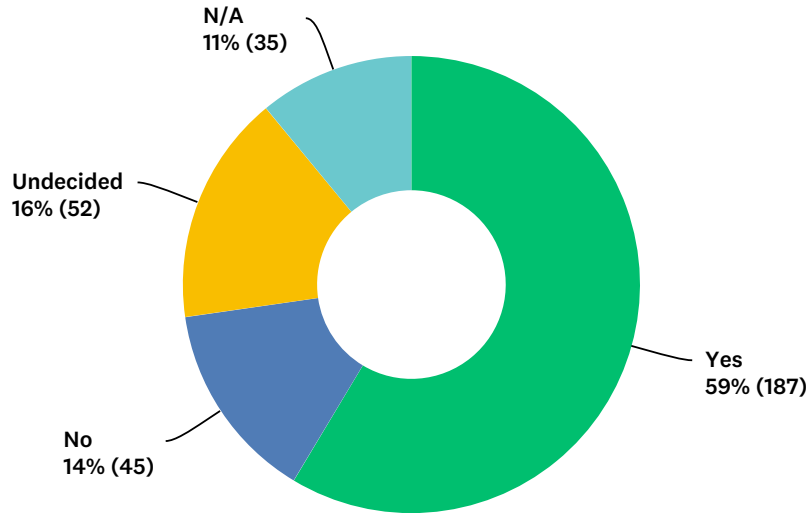
ANSWER CHOICES	RESPONSES	
Yes required and no reimbursement	36%	115
Yes required, with reimbursement	39%	124
No	18%	58
N/A	7%	24
TOTAL		321

#	COMMENTS	DATE
1	hospital won't pay so they cannot force me.	9/21/2018 3:54 PM
2	There is only minimal reimbursement if covering an "extra" day, never more than 1 per month.	8/30/2018 9:09 AM
3	I work at Kaiser Permanente. no reimbursement for carrying pager. If called in , I get reimbursed with time.	8/29/2018 4:57 PM
4	Not required but being reimbursed.	8/25/2018 10:08 PM
5	Am retired	8/24/2018 12:45 PM
6	cant believe i did it for free for 25 years	8/24/2018 12:49 AM
7	I am being reimbursed	8/23/2018 10:37 PM
8	Calls are voluntary and are reimbursed	8/23/2018 9:09 PM
9	before my retiring from private practice	8/23/2018 4:28 PM
10	This needs to change. ER coverage takes away from seeing clinic patients.	8/23/2018 3:21 PM
11	Not required, but reimbursed if we elect to take it.	8/23/2018 3:12 PM
12	I am reimbursed if I come in to see a patient but not to take call.	8/23/2018 2:57 PM
13	Over 60	8/20/2018 4:40 PM

14	In our community this is a standard. We continue to negotiate increases in our reimbursement in order to cover the financial losses associated with providing ER urology call coverage.	8/11/2018 4:34 PM
15	Only when On Call for the group. I am opted out of call after 25 yrs of service	8/10/2018 10:13 PM
16	not yet, but with constant threat	8/10/2018 6:48 AM
17	ER contract covers all in house issues	8/10/2018 5:55 AM
18	Just happened as of 4/2018	8/9/2018 10:16 PM
19	Not required do to sole provider	8/9/2018 9:42 PM
20	Great source of income but at the risk of increased exposure and negative impact on lifestyle	8/9/2018 8:58 PM
21	Not enough Call compensation in my opinion	8/9/2018 7:55 PM
22	But we do provide it for reimbursement	8/9/2018 5:45 PM
23	Academic medical center. We don't have ER on private side.	8/9/2018 5:43 PM
24	I do some anyway and am reimbursed	8/2/2018 1:02 PM
25	past the prev mandatory requirement w/o reimbursement of 25 yrs	8/2/2018 10:54 AM
26	ACS Verified Level 1 Pediatric Trauma Center	8/2/2018 8:54 AM
27	Currently in a battle with the hospital Administration over reimbursement.	8/2/2018 8:49 AM
28	Academic center	8/2/2018 8:20 AM
29	Only reimburse for weekend coverage	8/2/2018 7:27 AM
30	This needs to change pronto. Can the AUA or AACU help?	8/2/2018 4:47 AM
31	We do provide non-mandatory coverage and are reimbursed.	8/1/2018 8:33 PM
32	not required we are reimbursed	8/1/2018 6:52 PM
33	No financial reimbursement but compensated in time with Accrued Time Off	8/1/2018 5:54 PM
34	Old enough no more ER call.	8/1/2018 5:24 PM
35	I am employed so being paid is part of the salary.	8/1/2018 5:11 PM

Q15 Do you now use or are you thinking of using genetic tests for prostate cancer screening or treatment?

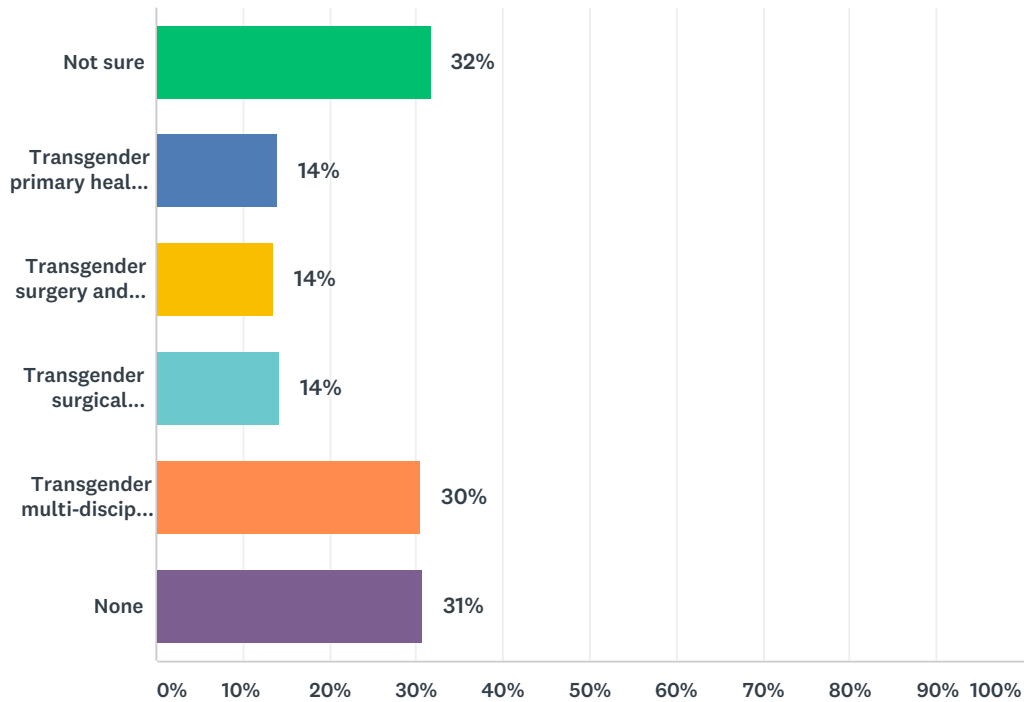
Answered: 319 Skipped: 5



#	COMMENTS	DATE
1	They are available, but I don't use them much. haven't found them helpful	8/29/2018 4:57 PM
2	My practice is primarily pediatric urology	8/27/2018 8:00 PM
3	Offer. 50% agree when requires self pay	8/23/2018 11:12 PM
4	Prolaris, PCA3	8/23/2018 7:03 PM
5	peds urology.	8/23/2018 2:57 PM
6	Only if there is a question about Tx	8/20/2018 4:40 PM
7	VA lab does not offer this service except in special circumstances	8/15/2018 7:20 AM
8	If pt requests	8/11/2018 7:23 AM
9	4K and Select MDx	8/9/2018 10:16 PM
10	Genomic Health and Myriad testing systems	8/9/2018 5:40 PM
11	Two of the other urologist in the group did use genetic testing	8/9/2018 5:32 PM
12	Primarily for prostate cancer research	8/6/2018 8:12 PM
13	Ped's only	8/2/2018 8:54 AM
14	I practice FPMRS	8/2/2018 8:20 AM
15	I occasionally use genomic tests in very specific situations. I am using germline testing much more than in the past.	8/2/2018 7:03 AM
16	We use genetic and epigenetic markers	8/2/2018 4:47 AM
17	We are looking into it	8/1/2018 9:05 PM
18	i dont treat prostate cancer	8/1/2018 5:31 PM
19	I'm not certain there is great value to these tests for the costs of the test.	8/1/2018 5:29 PM

Q16 In your practice or experience, is there a need for transgender care at your institution and/or community? If yes, what specific services is there a need for? (check all that apply)

Answered: 315 Skipped: 9



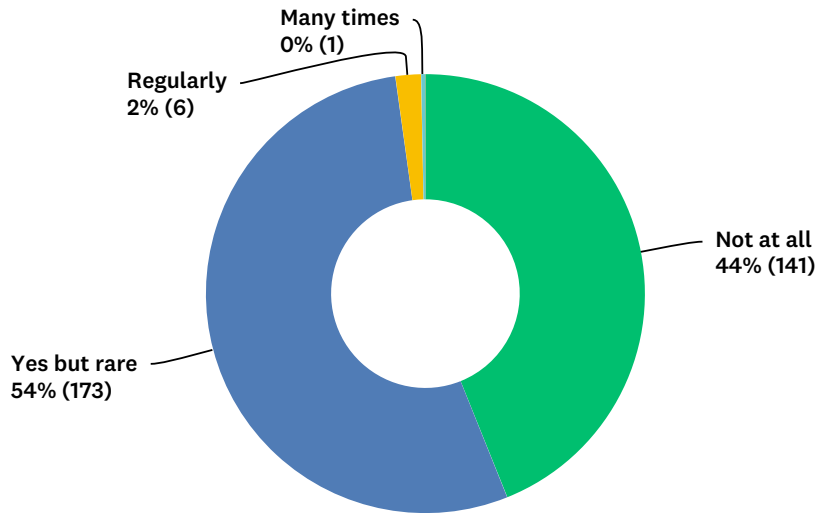
ANSWER CHOICES	RESPONSES	
Not sure	32%	100
Transgender primary health care	14%	44
Transgender surgery and surgical nursing training	14%	43
Transgender surgical program infrastructure ("program building")	14%	45
Transgender multi-disciplinary care	30%	96
None	31%	97
Total Respondents: 315		

#	COMMENTS	DATE
1	tertiary care centers are close	9/2/2018 11:03 AM
2	we have started this program	8/29/2018 4:57 PM
3	already have transgender program	8/28/2018 12:09 PM
4	We already have it	8/28/2018 7:35 AM
5	There is a Transgender clinic for youth run by adolescent medicine at our hospital	8/27/2018 8:00 PM
6	Have not dealt with many transgender patients	8/25/2018 10:08 PM
7	Am retired	8/24/2018 12:45 PM

8	Transgender care is absolutely necessary, just not sure if needed in our community. Could be centralized at academic centers	8/23/2018 3:12 PM
9	we have a robust transgender program.	8/23/2018 2:57 PM
10	We are actively trying to improve this in our large multispecialty group	8/23/2018 6:33 AM
11	My practice is limited to oncology	8/20/2018 4:40 PM
12	we have full transgender care program already	8/15/2018 3:46 PM
13	I have two male to female patients that live as females and are seen occasionally	8/15/2018 7:20 AM
14	already have good program with great people in place.	8/13/2018 10:17 AM
15	I believe we have a multi-disciplinary	8/10/2018 10:05 AM
16	rural practice that cares for transgender patients when they need routine GU care	8/10/2018 8:02 AM
17	I don't do this type of care	8/9/2018 7:55 PM
18	We have a well-developed and sophisticated program. Probably the best in the country. (OHSU, Portland, OR)	8/9/2018 6:47 PM
19	I do have one transgender patient. Mostly usual Uro care. Also some life discussion	8/9/2018 6:07 PM
20	We have a gender treatment service already	8/9/2018 5:40 PM
21	we have super centers for transgender care in a few locations	8/9/2018 4:41 PM
22	Referred out	8/4/2018 7:25 AM
23	We have a program at our hospital.	8/2/2018 10:54 AM
24	Already being done at another facility in our system	8/2/2018 10:15 AM
25	We care for the LGBTQ population.	8/2/2018 8:54 AM
26	We have an excellent TG program with a solid infrastructure and an extensive multidisciplinary team.	8/1/2018 11:16 PM
27	Military setting	8/1/2018 10:24 PM
28	There is one family doc who runs a transgender clinic. I consult for him on care of these patients	8/1/2018 9:34 PM
29	We have a few transgender patients, but they are not receiving appropriate psychiatric care in our region.	8/1/2018 8:33 PM
30	We have	8/1/2018 6:59 PM
31	The transgender program requires referral to a different center at KP. Some baseline TG program though for the hospital would be helpful.	8/1/2018 5:54 PM
32	Available at the univ nearby	8/1/2018 5:11 PM
33	I think there are adequate resources in our community	8/1/2018 4:50 PM

Q17 Over the last 4 years, have you (or your staff) been in fear for your personal safety while in the performance of your patient care giving?

Answered: 321 Skipped: 3

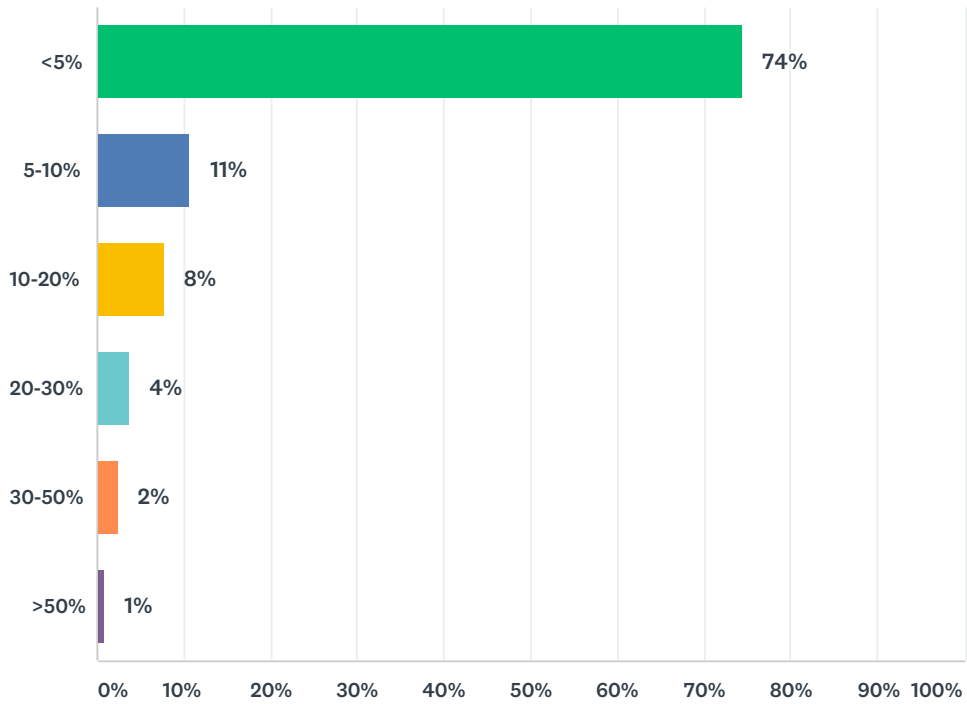


	NOT AT ALL	YES BUT RARE	REGULARLY	MANY TIMES	EXTREME	TOTAL	WEIGHTED AVERAGE
(no label)	44% 141	54% 173	2% 6	0% 1	0% 0	321	1.59

#	COMMENTS	DATE
1	sometimes with our own medical staff, sometimes with patients.	8/29/2018 4:57 PM
2	I personally know a urologist in another town who was shot and killed	8/23/2018 9:09 PM
3	Irrational unstable unreasonable patients	8/23/2018 7:03 PM
4	Belligerent patients on occasion.	8/23/2018 3:12 PM
5	8 years ago a mental patient wanted to take me out to the parking lot when I told him to not abuse my staff.	8/20/2018 4:40 PM
6	combattive patients and families are increasing.	8/17/2018 10:22 AM
7	Always fearful of crazies	8/10/2018 10:13 PM
8	Threatened twice with being shot	8/10/2018 4:30 PM
9	Montana, you know	8/9/2018 8:18 PM
10	Rare verbal abuse to my staff from unruly patients	8/9/2018 7:55 PM
11	We installed video surveillance	8/9/2018 6:07 PM
12	Practice considering practicing active shooter drills and arming one or more staff members	8/6/2018 8:12 PM
13	Presence of a Sworn Police Officer at the facility. Training in de-escalation on-going.	8/2/2018 8:54 AM

Q18 What percentage of your encounters are Telemedicine?

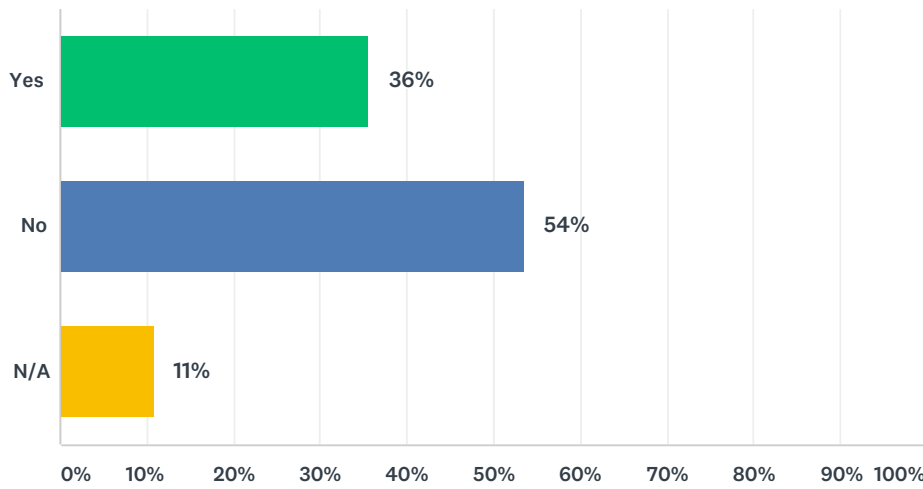
Answered: 321 Skipped: 3



ANSWER CHOICES	RESPONSES	
<5%	74%	239
5-10%	11%	34
10-20%	8%	25
20-30%	4%	12
30-50%	2%	8
>50%	1%	3
TOTAL		321

Q19 Does your organization have telemedicine practice standards/ guidelines for delivering telemedicine services?

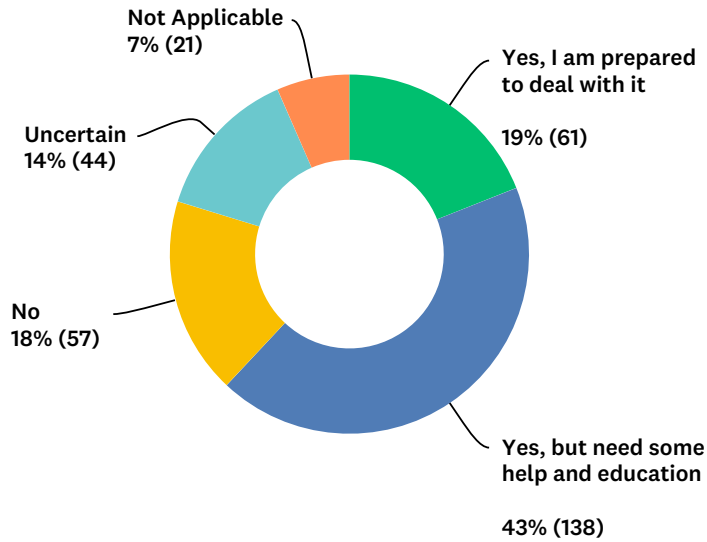
Answered: 321 Skipped: 3



ANSWER CHOICES	RESPONSES	
Yes	36%	114
No	54%	172
N/A	11%	35
TOTAL		321

Q20 Are you aware of the MACRA legislation and its implications for your practice?

Answered: 321 Skipped: 3

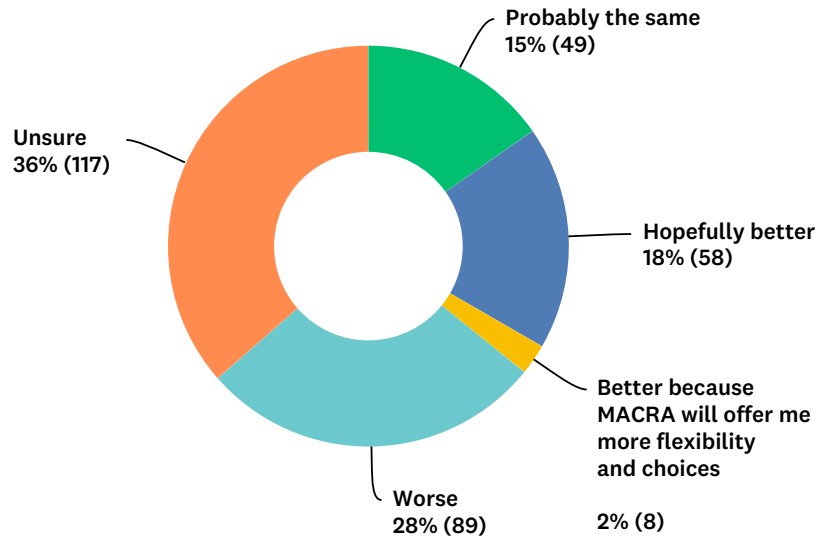


ANSWER CHOICES	RESPONSES	
Yes, I am prepared to deal with it	19%	61
Yes, but need some help and education	43%	138
No	18%	57
Uncertain	14%	44
Not Applicable	7%	21
TOTAL		321

#	COMMENTS	DATE
1	Heard about it; not sure how we can do to stay compliant	8/25/2018 10:10 PM
2	The leader of our group has it wired	8/10/2018 10:17 PM
3	I hate it and it is total BS. Cost to implement this likely will not be offset by the "rewards"	8/9/2018 7:57 PM
4	Personally just another way to cheat the Dr and really does not benefit the patient. More work!	8/9/2018 6:11 PM
5	OUr group is aware and preparing	8/9/2018 5:42 PM
6	It's poignant that no other country on earth has a health care payment/financial system such as MACRA.	8/2/2018 4:52 AM
7	I'm aware but don't have to deal with it directly	8/1/2018 9:36 PM
8	The devil is in the details of the yet unwritten regs!	8/1/2018 5:14 PM
9	We are opted out of Medicare--totally cash based practice	8/1/2018 4:54 PM

Q21 Do you feel MACRA will be better or worse than what doctors currently have to deal with, i.e. PQRS, Meaningful Use, and Value-Modifier programs?

Answered: 321 Skipped: 3



ANSWER CHOICES	RESPONSES	
Probably the same	15%	49
Hopefully better	18%	58
Better because MACRA will offer me more flexibility and choices	2%	8
Worse	28%	89
Unsure	36%	117
TOTAL		321

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

Answered: 99 Skipped: 0

#	RESPONSES	DATE
1	A all new tests should be at the medicare rate so that the companies don't make money at our expense. with any new technology, the physician usually ends up holding the bag, paying for the expensive equipment the does not pay any more.	9/21/2018 3:55 PM
2	A more extensive prostate cancer testing	9/3/2018 1:22 AM
3	A MRI prior to fusion not covered by Blue Cross	9/1/2018 11:46 AM
4	A Prostate MRI in biopsy naive pts.	9/1/2018 6:50 AM
5	A Mona Lisa Touch	8/29/2018 2:03 PM
6	A MRI/TRUS fusion biopsy	8/28/2018 7:45 PM
7	A genomic testing for all gu malignancies	8/28/2018 6:19 AM
8	A Whole exome sequencing for patients with a disorder of sexual development and no specific underlying cause.	8/27/2018 8:02 PM
9	A genetic prostate cancer testing	8/26/2018 10:17 PM
10	A telephone consultation - patients frequent not want to come back for results of tests; yet explaining results over telephone takes time	8/25/2018 10:10 PM
11	A urolift psa	8/24/2018 12:50 AM
12	A non face-time encounters	8/23/2018 9:14 PM
13	A UroLift Prostate MRI Select MDX	8/23/2018 8:49 PM
14	A Myrbetriq and rezum	8/23/2018 8:23 PM
15	A 4kScore	8/23/2018 7:59 PM
16	A Prostate MRI for elevated PSA	8/23/2018 3:17 PM
17	A Prostate MRI. 4K score and/or PHI.	8/23/2018 3:12 PM
18	A circumcision and varicocele repair.	8/23/2018 2:57 PM
19	A genetic tests for prostate cancer	8/23/2018 9:09 AM
20	A Coverage for gender affirming surgeries.	8/23/2018 6:34 AM
21	A keep cash procedures cash, because as soon as it is covered, the extra income will disappear	8/22/2018 3:46 PM
22	A Axumin scan, gemcitabine;docetaxel intravesical for CA bladder.	8/20/2018 4:44 PM
23	A various genetic testing, MRI prior to prostate biopsy	8/20/2018 12:41 PM
24	A genomic testing	8/19/2018 8:21 PM
25	A Provence-blue cross is attempting to retroactively deny \$130,000 worth of treatment to a 50-year-old patient with castrate resistant prostate cancer pt who qualified for the treatment in every way	8/18/2018 7:11 PM
26	A Phone consultation or followup	8/18/2018 11:06 AM
27	A Testosterone replacement daily applications	8/16/2018 5:01 PM
28	A Urolift	8/15/2018 9:39 AM
29	A aquablation	8/14/2018 5:25 PM
30	A Medications for advanced prostate cancer.	8/13/2018 10:16 PM

31	<input type="checkbox"/> A MRI for initial biopsy	8/13/2018 9:01 PM
32	<input type="checkbox"/> A MRI prostate prior to initial biopsy	8/13/2018 1:16 PM
33	<input type="checkbox"/> A vaginal laser therapy for atrophy	8/13/2018 10:18 AM
34	<input type="checkbox"/> A Genetic screening	8/12/2018 11:20 AM
35	<input type="checkbox"/> A Several useful genetic tests are not covered	8/12/2018 6:18 AM
36	<input type="checkbox"/> A Treatments (medical and surgical) for hypogonadism and ED.	8/11/2018 4:37 PM
37	<input type="checkbox"/> A Perc tibial nerve stim	8/11/2018 12:40 PM
38	<input type="checkbox"/> A HIFU	8/11/2018 10:22 AM
39	<input type="checkbox"/> A ER emergencies on ER cases w/o getting paid. Difficulties and transferring patients to their HMO or physician who will have to take care of them when I have amid it is an emergency.	8/10/2018 10:17 PM
40	<input type="checkbox"/> A Genetic testing for prostate cancer	8/10/2018 4:31 PM
41	<input type="checkbox"/> A Oab therapies	8/10/2018 2:26 PM
42	<input type="checkbox"/> A Vaginal laser therapy for vaginal atrophy	8/10/2018 1:05 PM
43	<input type="checkbox"/> A MRI prostate by as standard	8/10/2018 12:50 PM
44	<input type="checkbox"/> A HiFU	8/10/2018 10:08 AM
45	<input type="checkbox"/> A post-operative imaging procedures	8/10/2018 9:52 AM
46	<input type="checkbox"/> A Urolift is currently not covered by Blue Cross of California.	8/10/2018 8:14 AM
47	<input type="checkbox"/> A mri prostate	8/10/2018 6:50 AM
48	<input type="checkbox"/> A Urolift	8/9/2018 10:37 PM
49	<input type="checkbox"/> A TELEMEDICINE	8/9/2018 10:34 PM
50	<input type="checkbox"/> A MRI prostate. Axumin	8/9/2018 10:20 PM
51	<input type="checkbox"/> A Mona Lisa	8/9/2018 10:18 PM
52	<input type="checkbox"/> A Prostate MRI	8/9/2018 10:10 PM
53	<input type="checkbox"/> A Fusion MRI prostate biopsy	8/9/2018 10:02 PM
54	<input type="checkbox"/> A MonaLisa Touch treatments	8/9/2018 9:49 PM
55	<input type="checkbox"/> A MRI pelvis for elevated PSA	8/9/2018 7:08 PM
56	<input type="checkbox"/> A MP MRI prior to prostate biopsy, molecular/genetic tests	8/9/2018 6:30 PM
57	<input type="checkbox"/> A Prostate cancer-specific PET CT ("Axumin")	8/9/2018 6:11 PM
58	<input type="checkbox"/> A Use of MRI in prostate care	8/9/2018 6:11 PM
59	<input type="checkbox"/> A Yes genetic testing for infertility. Cryopreservation of sperm. In hospital post operative care.	8/9/2018 5:50 PM
60	<input type="checkbox"/> A Who is going to define what quality is especially in a urological practice	8/9/2018 5:34 PM
61	<input type="checkbox"/> A Mona Lisa	8/9/2018 5:33 PM
62	<input type="checkbox"/> A Auximin	8/9/2018 5:01 PM
63	<input type="checkbox"/> A MRI Prostate prior to initial biopsy.	8/9/2018 4:49 PM
64	<input type="checkbox"/> A HIFU professional svcs fee	8/9/2018 4:40 PM
65	<input type="checkbox"/> A MRI/fusion prostate biopsy	8/9/2018 4:36 PM
66	<input type="checkbox"/> A Some tests and treatment for ED.	8/7/2018 5:28 PM
67	<input type="checkbox"/> A vaginal laser procedures for vaginal atrophy telemedicine visits	8/4/2018 9:11 AM
68	<input type="checkbox"/> A MRI fusion (above normal biopsy)	8/3/2018 10:42 PM
69	<input type="checkbox"/> A ED drugs post prostatectomy. Double standard compared to coverage for side effects of other procedures.	8/3/2018 11:54 AM

70	<input type="checkbox"/> A Prostate MRI	8/2/2018 9:29 PM
71	<input type="checkbox"/> A Neither insurance nor consumers want to pay for many quality services. Not sure what Are the expectation we should have for the patient. At some point we as a profession should stop setting up the expectation that insurance should pay for everything. I believe consumers have sometimes an unrealistic expectations from the health care system. They expect first class services but want to pay discounted low rates. Not realistic.	8/2/2018 5:52 PM
72	<input type="checkbox"/> A Genetic testing for ca prostate	8/2/2018 1:03 PM
73	<input type="checkbox"/> A Cx Bladder Exosome Axumin scans	8/2/2018 9:16 AM
74	<input type="checkbox"/> A Increase in reimbursement for "government" insured children (73% of our practice.)	8/2/2018 8:56 AM
75	<input type="checkbox"/> A Fluciclovine PET scans	8/2/2018 7:06 AM
76	<input type="checkbox"/> A Easier access to contraceptive options for men and women. Global access to primary care services	8/2/2018 6:19 AM
77	<input type="checkbox"/> A MRI in the evaluation of prostate cancer or its potential	8/2/2018 4:52 AM
78	<input type="checkbox"/> A MRI prostate.	8/1/2018 11:57 PM
79	<input type="checkbox"/> A Mirabegron, fesoterodine and other similar meds	8/1/2018 11:20 PM
80	<input type="checkbox"/> A 4K,mri	8/1/2018 11:13 PM
81	<input type="checkbox"/> A Prostate MRI	8/1/2018 11:08 PM
82	<input type="checkbox"/> A ED non surgical treatment	8/1/2018 10:42 PM
83	<input type="checkbox"/> A Tests are always covered but the "jumping through hoops" and time spent to get the tests "approved" are annoying and non reimbursed	8/1/2018 10:35 PM
84	<input type="checkbox"/> A Prostate MRI	8/1/2018 10:26 PM
85	<input type="checkbox"/> A More than one PSA per year for screening	8/1/2018 9:45 PM
86	<input type="checkbox"/> A all PET imaging by Blue Cross, Na-F PET by all carriers	8/1/2018 8:53 PM
87	<input type="checkbox"/> A Urolift	8/1/2018 8:24 PM
88	<input type="checkbox"/> A Ptns	8/1/2018 7:00 PM
89	<input type="checkbox"/> A Prolaris	8/1/2018 6:43 PM
90	<input type="checkbox"/> A Urolift !!!!!!!	8/1/2018 6:14 PM
91	<input type="checkbox"/> A Genetic testing results sharing	8/1/2018 5:58 PM
92	<input type="checkbox"/> A MRI prostate eligibility requirements are varied. A more consistent policy would be nice.	8/1/2018 5:56 PM
93	<input type="checkbox"/> A PMSA Scans	8/1/2018 5:36 PM
94	<input type="checkbox"/> A psa for prostate cancer screening	8/1/2018 5:32 PM
95	<input type="checkbox"/> A pelvic floor botox injections	8/1/2018 5:31 PM
96	<input type="checkbox"/> A Telemed	8/1/2018 5:01 PM
97	<input type="checkbox"/> A MRI	8/1/2018 4:59 PM
98	<input type="checkbox"/> A e wave	8/1/2018 4:57 PM
99	<input type="checkbox"/> A Drug coverage is terrible. Seems like almost everything I prescribe is denied. Insurance companies are ruining medicine.	8/1/2018 4:54 PM

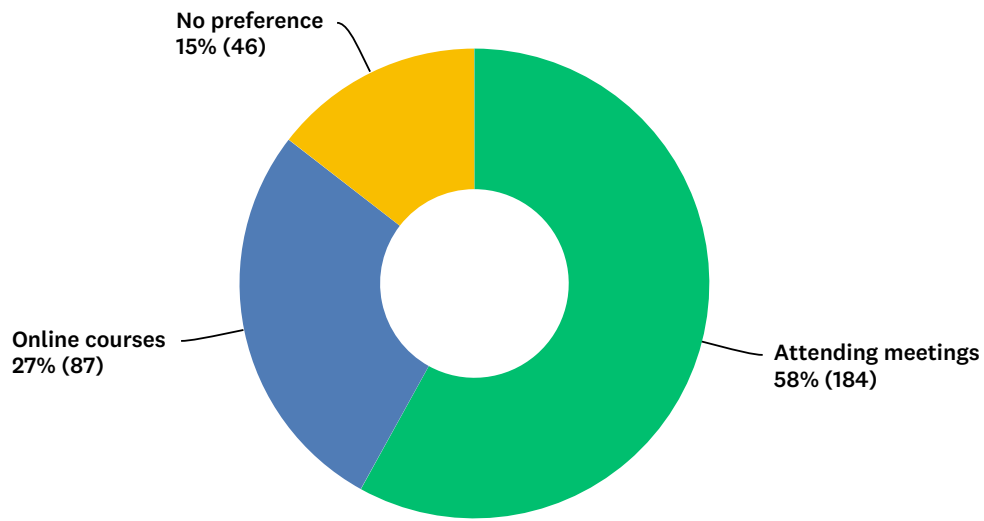
Q23 Please describe any other billing or health policy issues that have been raised in your state or area that are important to you?

Answered: 30 Skipped: 0

#	RESPONSES	DATE
1	A universal care.	9/21/2018 3:55 PM
2	A We have to sign our records, notes, orders within 72 hours or we do not get reimbursed	8/26/2018 1:21 PM
3	A high turnover for billing people in our practice; considering outsourcing but unsure if they will do good job either	8/25/2018 10:10 PM
4	A wrong lab test icd 10 codes cost the patients alot of out of pocket miney	8/24/2018 12:50 AM
5	A Reduction in RVUs for surgical procedures	8/23/2018 10:05 PM
6	A Capping of federal contribution to Medicaid	8/23/2018 9:14 PM
7	A TNTC	8/23/2018 8:23 PM
8	A Need better coverage for physical therapy for lower urinary tract symptoms	8/23/2018 4:17 PM
9	A transgender coverage but not other plastic surgeries.	8/23/2018 2:57 PM
10	A Effect of bundled payments	8/23/2018 2:43 PM
11	A healthnet hmo contracts that are denying doctors their rightful pay.	8/22/2018 3:46 PM
12	A balance billing debate	8/19/2018 8:21 PM
13	A Fed Employee	8/19/2018 2:50 PM
14	A CA plan to restrict gender surgery in patients until they can make their own decision--	8/17/2018 10:24 AM
15	A Value based medicine	8/16/2018 5:01 PM
16	A Biomarkers for prostate cancer not well covered	8/13/2018 9:01 PM
17	A I would like to see more of a push and education on becoming non-participating providers for medicare.	8/11/2018 4:37 PM
18	A Opioid RX	8/10/2018 2:26 PM
19	A CMS proposed changes to billing (i.e. consolidating level 2-4)	8/10/2018 1:05 PM
20	A We need to create single payer improved Medicare for all and get rid of the profound administrative waste and inequity of our current system.	8/10/2018 8:05 AM
21	A diminishing coverage for many	8/10/2018 6:50 AM
22	A Concern over the possibility of proposed billing changes by CMS taking effect in 2019	8/9/2018 10:37 PM
23	A CONFUSING AT TIMES	8/9/2018 10:34 PM
24	A Expansion of Medicaid in Idaho	8/9/2018 10:18 PM
25	A Short fall in funding health care and hospital in Guam	8/9/2018 10:02 PM
26	A Inadequate reimbursement for "incident to" billing	8/9/2018 9:49 PM
27	A underpaying, preauthorization of drugs	8/9/2018 9:45 PM
28	A prolia and XGEVA not covered	8/9/2018 7:08 PM
29	A Single payer system	8/9/2018 6:50 PM
30	A Bilateral or separate site ureteroscopy and stone treatment.	8/9/2018 6:08 PM

Q24 For your CME needs, which do you prefer?

Answered: 317 Skipped: 7

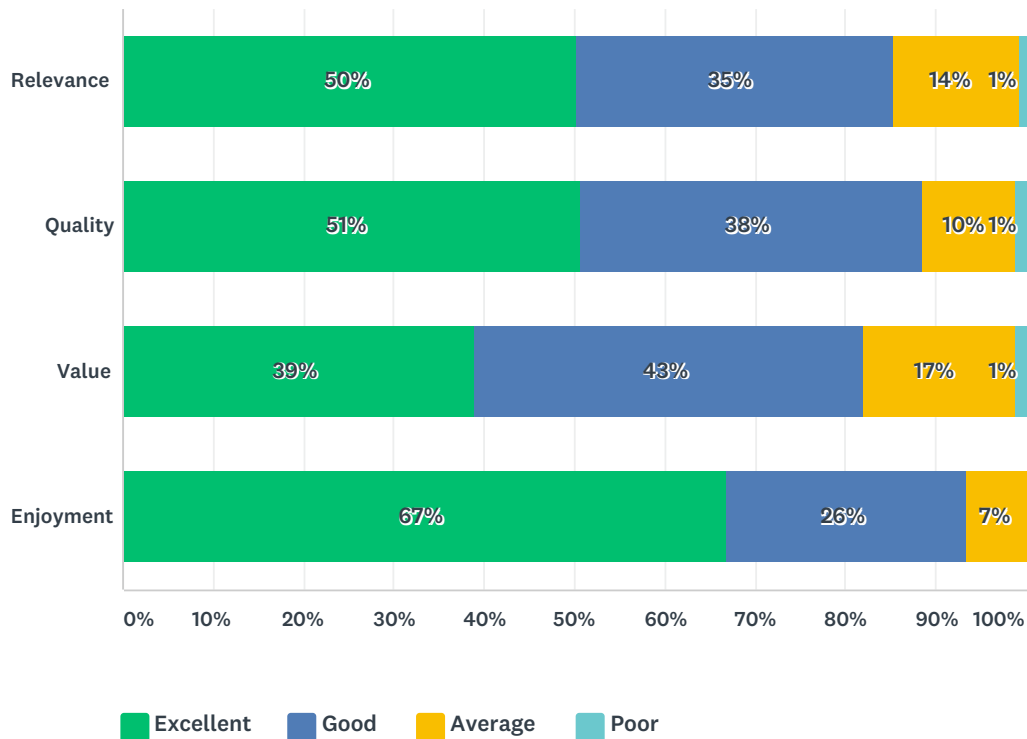


ANSWER CHOICES	RESPONSES	
Attending meetings	58%	184
Online courses	27%	87
No preference	15%	46
Other (please specify)	0%	0
TOTAL		317

#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

Q25 If attended in the last 10 years, how would you rate the Western Section annual meetings?

Answered: 254 Skipped: 70



	EXCELLENT	GOOD	AVERAGE	POOR	TOTAL	WEIGHTED AVERAGE
Relevance	50% 127	35% 89	14% 35	1% 2	253	1.65
Quality	51% 128	38% 96	10% 26	1% 3	253	1.62
Value	39% 99	43% 109	17% 43	1% 3	254	1.80
Enjoyment	67% 169	26% 67	7% 17	0% 0	253	1.40

#	COMMENTS, SUGGESTIONS?	DATE
1	have not attended; new to section	9/3/2018 1:24 AM
2	Love the Western Section meetings	8/30/2018 5:38 PM
3	haven't attended. joined WSAUA because membership was mandatory to go to AUA.	8/29/2018 5:00 PM
4	New locations? Seattle or Portland would be great!	8/29/2018 2:08 PM
5	Need more pediatric urology!	8/27/2018 8:04 PM
6	Love the ones held in summer time when school is out. Can take kids with us. Otherwise, difficult to attend when school is in session. (loved the Vancouver one!)	8/25/2018 10:13 PM
7	Not attended past 10 years. will consider in future 5 years	8/25/2018 6:28 PM
8	Have not attended	8/24/2018 3:33 PM
9	learn alot from urologists in audience	8/24/2018 12:52 AM

10	keep it in Hawaii	8/23/2018 9:10 PM
11	reduce the fees,or include with dues	8/23/2018 4:32 PM
12	have not been but i am sure they are good	8/22/2018 3:47 PM
13	good work; thanks!	8/20/2018 4:47 PM
14	n/a	8/20/2018 12:44 PM
15	a bit high cost for members	8/19/2018 8:25 PM
16	always enjoy the smaller meeting than national AUA and nice to network and see colleagues and friends at this meeting.	8/17/2018 10:26 AM
17	none	8/12/2018 9:41 AM
18	Did not attend	8/10/2018 4:46 AM
19	Go to the AUA not the western section	8/9/2018 9:02 PM
20	I usually don't attend due to the timing of this meeting as my kids are still in school and I don't want to go to HI or Vancouver without them	8/9/2018 8:01 PM
21	Not attended in 10 years	8/9/2018 6:57 PM
22	it's hard. I know it's a largely social meeting and I personally am not as interested. I attend the AUA every year, which is a more concentrated scientific meetin.	8/9/2018 6:50 PM
23	Don't attend Western AUA	8/9/2018 5:44 PM
24	I have not attended any western section meetings in the past 10 years, only the national meetings.	8/9/2018 5:38 PM
25	Western AUA has the best meeting	8/9/2018 4:44 PM
26	I meet many of my referral MDs and it is always a pleasure to discuss their care.	8/7/2018 5:33 PM
27	Much of the "research" presented is of only moderate quality and relevance for the average urologist.	8/6/2018 7:32 PM
28	never attend. I found the last one I went to >15 years ago to be of such poor quality and a waste of my time, that I haven't gone since. The only reason I belong to the Western Section is because I have to.	8/3/2018 1:04 PM
29	Great sessions	8/2/2018 10:18 AM
30	Have only attended 1.	8/2/2018 8:59 AM
31	Great meeting for families, reasonable scientific content	8/2/2018 6:21 AM
32	I do not attend anymore - a boondoggle in my view. Way too expensive and a thinly veiled social meeting. Do not get enough educational value to justify the cost.	8/1/2018 11:24 PM
33	Would like to view all lectures on-line, at my convenience, in the months following the meeting, so I can enjoy the meetings more	8/1/2018 9:49 PM
34	PLEASE RESERVE MORE ROOMS FOR HI MEETINGS !!!	8/1/2018 6:16 PM
35	Haven't attended recently. Sorry!	8/1/2018 5:38 PM
36	lower cost of registration	8/1/2018 5:34 PM
37	My practice is all female - in past there was little relevance for my practice so I quit going to western.	8/1/2018 5:34 PM
38	It would be much better if the courses were relevant so that the information learned could be used to improve patient care efficiency improve quality-of-life or reduce threats or risks and improve safety	8/1/2018 5:31 PM
39	NA, never attended	8/1/2018 5:26 PM
40	Pricey!	8/1/2018 5:05 PM
41	10 years ago I heard jeff kaufman tell us that small group practice was dead, our 3 person group still going strong...not all doom and gloom	8/1/2018 4:59 PM

Q26 Please rank by importance the following reasons for your membership in the WSAUA

Answered: 308 Skipped: 16

	1	2	3	4	5	6	7	TOTAL	SCORE
Access to experts and key opinion leaders in urology	14% 41	27% 81	20% 60	15% 44	9% 28	10% 29	4% 12	295	4.76
Education/training/professional development	38% 112	28% 82	14% 40	10% 29	7% 21	1% 2	3% 10	296	5.64
Opportunities to gain leadership experience	6% 18	7% 19	11% 31	11% 32	18% 53	27% 80	20% 58	291	3.09
Legislative Advocacy	10% 29	11% 32	13% 38	20% 59	17% 51	19% 56	11% 32	297	3.76
Access to career information and employment opportunities	3% 8	4% 12	9% 28	15% 44	25% 74	26% 76	18% 54	296	2.95
Opportunities to network with colleagues and industry	22% 66	19% 57	27% 79	18% 52	9% 26	3% 8	3% 9	297	5.08
Other reasons	11% 30	5% 15	7% 20	11% 31	14% 40	14% 38	38% 106	280	2.95

Q27 Please indicate your type of practice? (please check all that apply)

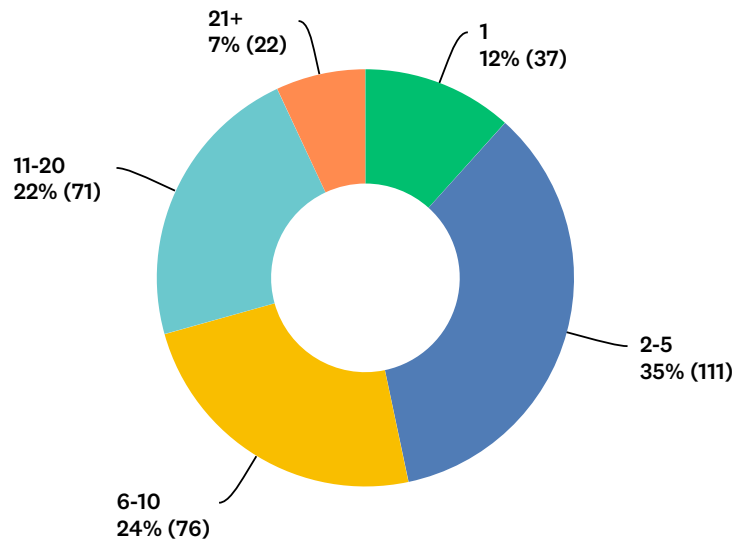
Answered: 317 Skipped: 7

ANSWER CHOICES	RESPONSES	
Private practice, urology solo	10%	31
Private practice, urology group or network	32%	100
Private practice, multi-specialty group	11%	35
Employee of an integrated health delivery system (e.g. Kaiser)	16%	52
Government / military employee	6%	18
Employee of teaching hospital / Academic center	18%	58
Employee of a hospital system	9%	29
Administrative	0%	1
Retired	3%	9
Other (please specify)	2%	6
Total Respondents: 317		

#	OTHER (PLEASE SPECIFY)	DATE
1	3 of us in on group prectice but technically solo	8/19/2018 8:25 PM
2	I was in solo practice from 1970 to 2015 and then joined for other urologist for two years prior to retiring in October 2017	8/9/2018 5:38 PM
3	two hospital employed work in our practice and we manage their practice for the hospital	8/2/2018 4:55 AM
4	Fellow at academic hospital	8/1/2018 9:47 PM
5	Independent contractor for county system	8/1/2018 9:40 PM
6	Sold my practice 2 years ago to hospital.	8/1/2018 5:34 PM

Q28 How many urologists are in your practice / group?

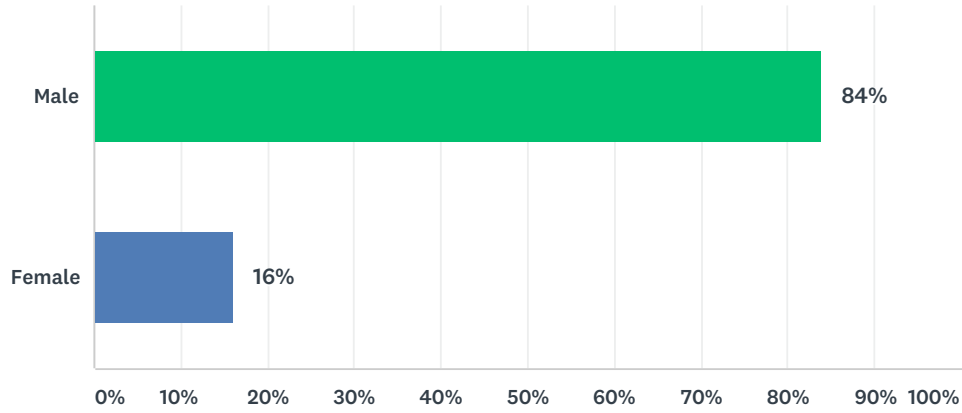
Answered: 317 Skipped: 7



ANSWER CHOICES	RESPONSES	
1	12%	37
2-5	35%	111
6-10	24%	76
11-20	22%	71
21+	7%	22
TOTAL		317

Q29 Your Gender

Answered: 317 Skipped: 7



ANSWER CHOICES	RESPONSES	
Male	84%	266
Female	16%	51
TOTAL		317