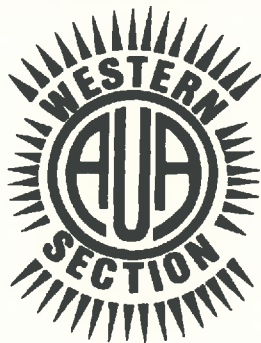


# 2010 HEALTH POLICY SURVEY RESULTS

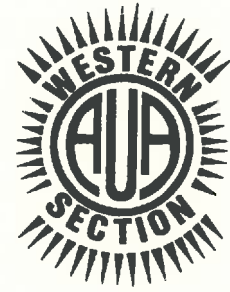
Western Section  
American Urological Association



Jeffrey E. Kaufman, M.D.  
Chairman, Health Policy Committee

An educational supplement to the WSAUA Health Policy Forum,  
October 24, 2010 – Hilton Waikoloa Village, Hawaii

# 2010 Health Policy Committee



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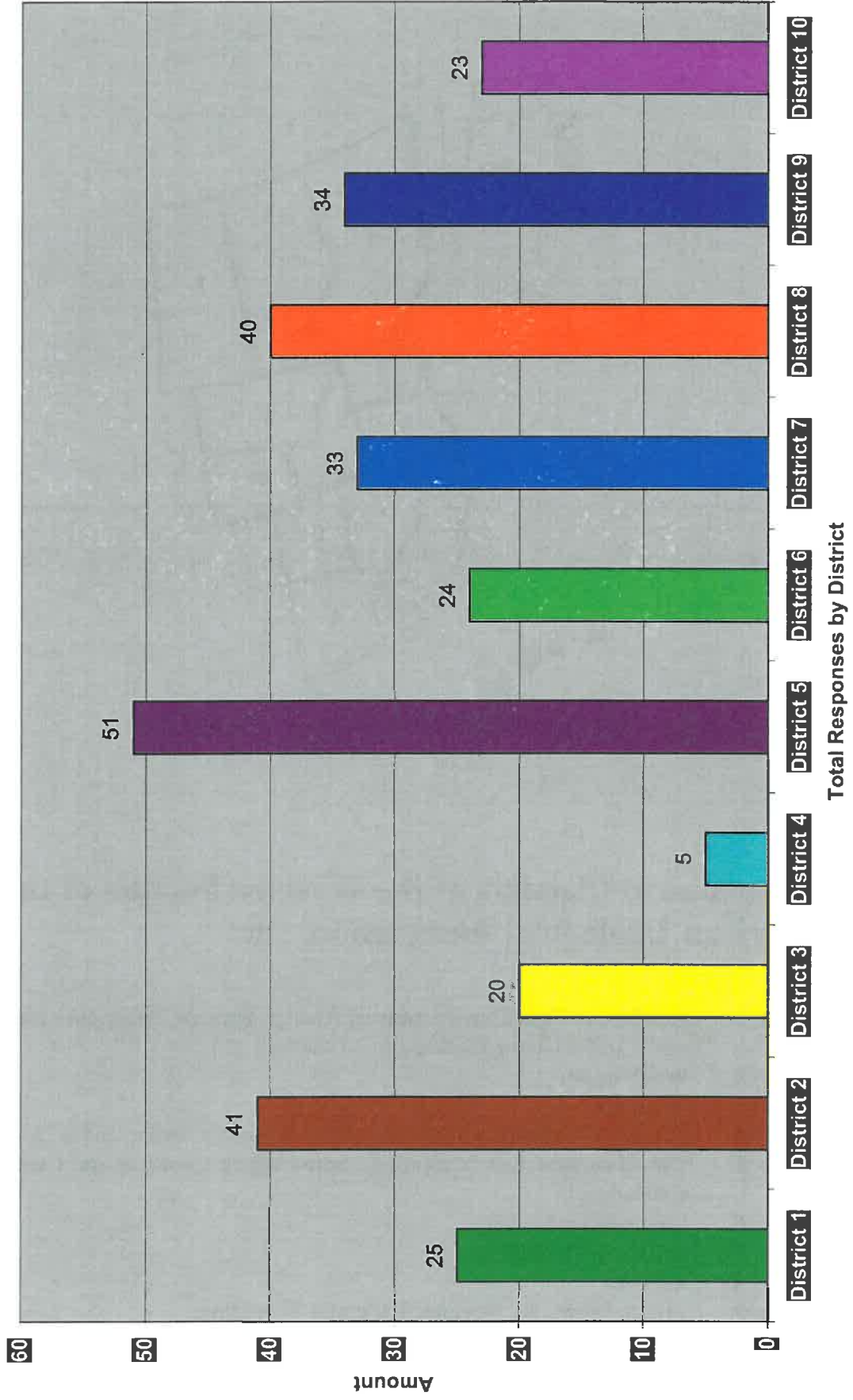
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## **Geographical Districts of the Western Section of the American Urological Association, Inc.**






- 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**

# Western Section AUA 2010 Health Policy Survey Response by District








# 2010 HEALTH POLICY SURVEY

## 1. Are you are professionally (clinically) satisfied with your practice?

		Response Percent	Response Count
Yes, 90-100% satisfied		42.4%	139
40%		3.4%	11
80%		39.3%	129
Not really, 0-20%		3.4%	11
60%		11.6%	38
	Comments		47
<b>answered question</b>			<b>328</b>
<b>skipped question</b>			<b>1</b>

## 2. Are you financially satisfied with your urologic practice?

		Response Percent	Response Count
Yes, 90-100% satisfied		30.5%	100
40%		7.9%	26
80%		31.1%	102
Not really, 0-20%		9.1%	30
60%		21.3%	70
	Comments		39
<b>answered question</b>			<b>328</b>
<b>skipped question</b>			<b>1</b>

## 7. How do you feel the recent health care reform legislation passed by Congress will affect your practice?

	Response Percent	Response Count
Help	7.3%	24
Hurt	54.7%	179
No change	13.1%	43
Unsure	24.8%	81
Comments		26
<b>answered question</b>		<b>327</b>
<b>skipped question</b>		<b>2</b>

## 8. How are you planning to respond to the expected impact the legislation will have on your practice?

	Response Percent	Response Count
No change	53.0%	174
Join group practice	12.8%	42
Add more partners	11.6%	38
Work less/retire	19.8%	65
Change career	2.7%	9
Other/Comments		42
<b>answered question</b>		<b>328</b>
<b>skipped question</b>		<b>1</b>

## 9. What is the number one issue that affects your economic viability?

		Response Percent	Response Count	
Ancillary revenue partnership restrictions		9.8%	32	
Manpower, finding new partners		11.0%	36	
Competition and/or encroachment from non-urologists		7.3%	24	
<b>Reimbursements cuts for Medicare patients</b>		<b>70.4%</b>	<b>231</b>	
Medical malpractice insurance		1.5%	5	
	Other (please specify)		35	
			<b>answered question</b>	<b>328</b>
			<b>skipped question</b>	<b>1</b>

## 10. What are the most important legislative or regulatory issues that you confront in your practice? (select all that apply)

		Response Percent	Response Count	
Restrictions on imaging services		21.3%	70	
Certificate of Need Restrictions		9.5%	31	
Restrictions on physician ownership of Pathology labs		13.1%	43	
Restrictions on physician ownership of hospitals		11.0%	36	
<b>Reimbursements for Medicare patients</b>		<b>85.4%</b>	<b>280</b>	
Referral restrictions		19.8%	65	
	Other (please specify)		30	
			<b>answered question</b>	<b>328</b>
			<b>skipped question</b>	<b>1</b>

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

	Response Count
	82
<i>answered question</i>	82
<i>skipped question</i>	247

**12. Given the potential of a 29% decrease in Medicare, do you plan on continue on being a participating provider with Medicare?**

	Response Percent	Response Count
Yes	40.4%	130
No	16.5%	53
Unsure	35.4%	114
N/A	7.8%	25
<i>answered question</i>		322
<i>skipped question</i>		7

**13. Are you interested in receiving information on the financial practice ramifications of being participating vs. non-participating with Medicare?**

	Response Percent	Response Count
Yes	62.4%	201
No	22.7%	73
Unsure	7.5%	24
N/A	7.5%	24
<i>answered question</i>		322
<i>skipped question</i>		7



**14. Are you interested in receiving information on alternative revenue generating methodologies such as Medical Tourism (opening practices outside the US)?**

	Response Percent	Response Count
Yes	45.0%	145
No	38.8%	125
Unsure	11.2%	36
N/A	5.0%	16
Comments		12
<b>answered question</b>		<b>322</b>
<b>skipped question</b>		<b>7</b>

**15. Do you negotiate your PPO agreements annually?**

	Response Percent	Response Count
Yes	18.0%	58
No	45.3%	146
Unsure	18.6%	60
N/A	18.0%	58
<b>answered question</b>		<b>322</b>
<b>skipped question</b>		<b>7</b>





## 16. Have you dropped insurance contracts this year

	Response Percent	Response Count
Yes	24.5%	79
No	46.3%	149
Unsure	14.3%	46
N/A	14.9%	48
<b>answered question</b>		<b>322</b>
<b>skipped question</b>		<b>7</b>





## 17. After the drops, how did you do?

	Response Percent	Response Count
Net increase in revenue	5.3%	17
No change, the increase in payments offset the decrease in patient load	19.9%	64
Net decrease, but less work	10.9%	35
N/A	64.0%	206
Other (please specify)		14
<b>answered question</b>		<b>322</b>
<b>skipped question</b>		<b>7</b>

**18. Are you collecting payments from your patients beyond the required Co-payment at the time of service (ie surgical retainer fees, estimated co-insurance)?**

		Response Percent	Response Count
Yes		18.0%	58
No		64.0%	206
Unsure		6.8%	22
N/A		11.2%	36
<b>answered question</b>			<b>322</b>
<b>skipped question</b>			<b>7</b>

**19. Have you had to increase the number of patients sent to collections in the last 12 months?**

		Response Percent	Response Count
Yes		32.9%	106
No		24.8%	80
Unsure		30.1%	97
N/A		12.1%	39
<b>answered question</b>			<b>322</b>
<b>skipped question</b>			<b>7</b>

## 20. Are you contractually prohibited from providing certain services in your office?

		Response Percent	Response Count
Yes		14.9%	48
No		50.3%	162
Unsure		23.3%	75
N/A		11.5%	37
Which CPT codes and which payer?			16
<b>answered question</b>			<b>322</b>
<b>skipped question</b>			<b>7</b>

## 21. Do you have any private contracts affected by Pay for Performance? Do you see this as an issue for the near future?

		Response Percent	Response Count
Yes on both		8.7%	28
Yes contracts but not an issue		3.4%	11
No on both		17.1%	55
<b>No contracts but yes an issue</b>		<b>43.2%</b>	<b>139</b>
Not Applicable		27.6%	89
<b>answered question</b>			<b>322</b>
<b>skipped question</b>			<b>7</b>

## 22. Do you have an Electronic Medical Record (EMR) system in place? Actively searching?

	Response Percent	Response Count
Yes, in place	68.6%	221
No, but am searching	18.9%	61
No, not searching	9.9%	32
NA	2.5%	8
EMR system using or considering?		84
<b>answered question</b>		<b>322</b>
<b>skipped question</b>		<b>7</b>

## 23. If yes, are you satisfied with your EMR's performance?

	Response Percent	Response Count
Completely	12.5%	39
It's okay	47.6%	148
No	12.9%	40
NA	27.0%	84
Comments		25
<b>answered question</b>		<b>311</b>
<b>skipped question</b>		<b>18</b>

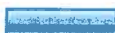



## 24. Are you looking for a partner?

		Response Percent	Response Count
Yes, within a year		27.3%	82
Yes, 2-5 years		22.0%	66
Not at this time		43.7%	131
NA		7.0%	21
	Comments		13
<b>answered question</b>			<b>300</b>
<b>skipped question</b>			<b>29</b>




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

		Response Percent	Response Count
Yes		22.0%	66
No		59.0%	177
Soon		4.7%	14
NA		14.3%	43
	Comments		14
<b>answered question</b>			<b>300</b>
<b>skipped question</b>			<b>29</b>

**26. Have you (or the practice) made cuts in Admin or Clerical staff in the past year?**

	Response Percent	Response Count
Yes, Administrative 	16.3%	49
Yes, Clerical 	22.0%	66
No 	63.3%	190
Not Applicable 	7.3%	22
<i>answered question</i>		300
<i>skipped question</i>		29

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

	Response Percent	Response Count
Yes 	37.3%	112
No 	56.3%	169
NA 	6.3%	19
<i>answered question</i>		300
<i>skipped question</i>		29

## 28. Have you or are you adding ancillary services? (select all that apply)

	Response Percent	Response Count
IMRT	10.3%	31
CT	8.7%	26
Path Lab	17.3%	52
None	79.7%	239
Other (please specify)		13
<i>answered question</i>		300
<i>skipped question</i>		29

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

	Response Percent	Response Count
Private practice, urology solo	19.3%	58
Private practice, urology group or network	32.0%	96
Private practice, multi-specialty group	13.7%	41
Straight salary (academic, military, VA)	18.7%	56
HMO staff (salary plus incentives)	9.3%	28
Other (please specify)	8.3%	25
<i>answered question</i>		300
<i>skipped question</i>		29



### 30. How many urologists are in your practice / group?

	Response Percent	Response Count
1	21.3%	64
2-5	38.7%	116
6-10	22.3%	67
11-20	15.0%	45
20+	2.7%	8
	Comments	8
<b>answered question</b>		<b>300</b>
<b>skipped question</b>		<b>29</b>

### 31. Are you compelled to become involved in organized urology?

	Response Percent	Response Count
Yes, State	12.3%	37
Yes, Regional	19.0%	57
Yes, National	23.7%	71
✓ No interest	45.0%	135
	Comments	25
<b>answered question</b>		<b>300</b>
<b>skipped question</b>		<b>29</b>

**32. Please rank by importance, the following criteria when evaluating your decision to attend a CME meeting? 5=highest, 1=lowest.**

	Response Average	Response Total	Response Count
Length of time	2.89	867	300
Date/Location	2.99	898	300
Cost	2.84	851	300
Reputation	3.04	912	300
Content/CME units	3.24	972	300
		<i>answered question</i>	300
		<i>skipped question</i>	29

**33. How would you rate the overall relevance, quality and value of the Western Section annual meetings?**

	Response Percent	Response Count
Good 	36.7%	110
Average 	13.0%	39
Excellent 	26.7%	80
Poor 	2.3%	7
Don't Attend 	21.3%	64
	Comments	27
	<i>answered question</i>	300
	<i>skipped question</i>	29

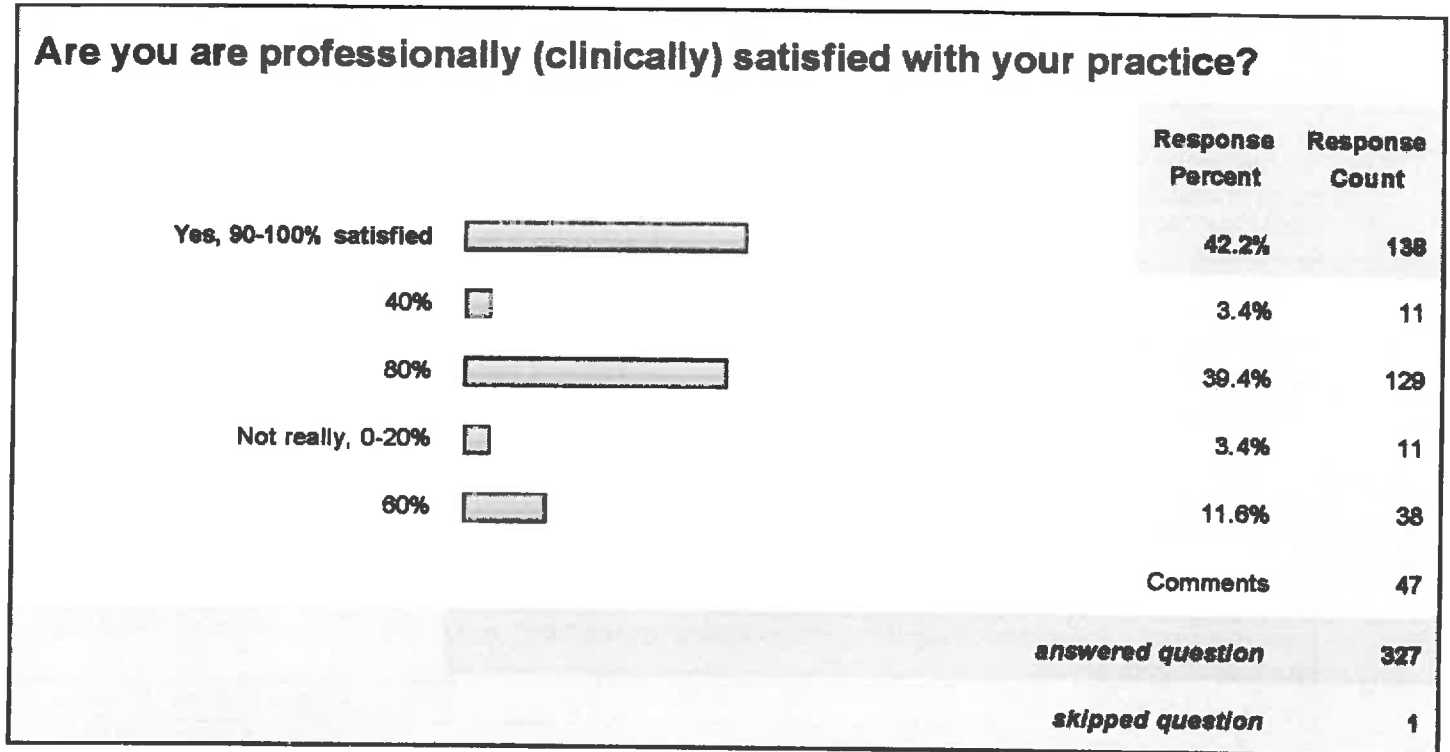
RESPONSE COMMENTS  
TO QUESTIONS

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Question 1

2010 HEALTH POLICY SURVEY



Comments		
1	I hate ER call and being forced to care for problems I am not comfortable with	Sep 18, 2010 4:18 PM
2	Currently, have not found a position for part time, officE paracticE only Work.	Sep 18, 2010 4:43 PM
3	Medicare hassles	Sep 18, 2010 4:48 PM
4	Retired	Sep 18, 2010 5:09 PM
5	Too busy. Too many administrative hassles. Too little support from hospital administration.	Sep 18, 2010 6:01 PM
6	I love the work	Sep 18, 2010 6:03 PM
7	but it getting worse	Sep 18, 2010 6:10 PM
8	good surgical practice but working on quota system is not satisfying to justify pay	Sep 18, 2010 6:38 PM
9	Work for a big corporation that does not put the physician first	Sep 18, 2010 8:15 PM
10	very satisfied until retirement 10 yrs ago	Sep 18, 2010 9:18 PM
11	decreasing satisfaction over the last 3 years	Sep 18, 2010 11:32 PM
12	too much paperwork!	Sep 19, 2010 12:12 AM
13	Too much paper work and I am trying to switch to EMR but that also is taking too much time away from things I enjoy.	Sep 19, 2010 3:54 AM
14	Nine months into a new emr it is still the one thing that has ruined my quality of patient interaction and the notes produced are practically worthless. This is the biggest scam ever foisted on medicine.	Sep 19, 2010 4:29 AM
15	Too much paper, too much hassle with billing, too much control by PPO/HMOs, Too many scripts return with options and then, patients angry	Sep 19, 2010 4:45 AM
16	Just closed my practice and took a fulltime job at county hospital	Sep 19, 2010 5:02 AM
17	diappointed ,trained to treat people not just document and meet regulatory rules. I thought being a doctor was a profession. I am now just a helath care provider.	Sep 19, 2010 5:51 AM
18	I still like urology even after 38 years in practice	Sep 19, 2010 5:55 AM

## Question 1

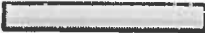




### Comments

19	too many rules and regulations. excessive paper work. for someone who has practiced for 35 years and is used to using charts, EMR is a waste of my time. Why learn a new system when my current system of caring for patients with charts works. I have no malpractice suits since I started practice 30 years ago.	Sep 19, 2010 2:03 PM
20	not secure	Sep 19, 2010 2:55 PM
21	We are under enormous pressure by all segments of society (government, people, insurers, hospital systems, etc.) to reduce our costs and CONTROL our destinies. At the same time there is VERY LITTLE marketing efforts by the AUA, AMA, ACS, etc. to show that we do offer incredible value. In addition, the political wind is not blowing in our favor and the writing is on the wall that we will be asked to do more and make less WITHOUT a change in our risks(malpractice). This is a recipe in any industry for lowered morale and exiting of quality individuals. I am NOT encouraging my children to go into medicine.	Sep 19, 2010 2:55 PM
22	Clinical practice is increasingly stressful and exhausting with less remuneration.	Sep 19, 2010 6:38 PM
23	The electronic medical record is a pain.	Sep 19, 2010 6:56 PM
24	More hospital micromanagement and increased compliance issues continue. These are not as problematic as the Medi-Cal abuse issues.	Sep 19, 2010 7:19 PM
25	Limitations on my practice and billing issues prevent me from being completely satisfied	Sep 19, 2010 9:04 PM
26	I am frustrated with increasing regulations and restrictions and interference with our federal government.	Sep 20, 2010 12:45 AM
27	I work part time!	Sep 20, 2010 12:00 PM
28	just changed academic jobs, so some challenges	Sep 20, 2010 2:11 PM
29	Our practice is extremely inefficient. Our clinic staff are not helpful, as a provider I have never worked anywhere that I have to room my patients, clean and stock the rooms and complete charts without overtime.	Sep 20, 2010 2:12 PM
30	Too many hours--50-60/week. Too many contacts with pts	Sep 20, 2010 4:07 PM
31	I feel the economy has made me less busy.	Sep 20, 2010 5:40 PM
32	we do not control our practice,we react to the OTHER POWERS	Sep 20, 2010 6:11 PM
33	I still love the practice of Urology!	Sep 22, 2010 1:27 PM
34	less each year	Sep 23, 2010 2:41 PM
35	Time pressures, oversight and challenges by outside agencies, push back by patients who seem to have a new distrust of physicians (partially due to the democratization of expertise brought on by the internet) all contribute to a degree of frustration and dissatisfaction not present in years past.	Sep 24, 2010 8:35 PM
36	I'm retired and have worked occasionally on locum tenens assignments	Sep 28, 2010 9:31 PM
37	spend more time but less reimbursement.	Sep 29, 2010 4:35 AM
38	Ever expanding tasks to comply with sap time and energy for patients.	Sep 30, 2010 6:59 PM
39	I found that the nurse who ran the case after hours for my endoscopic stone extraction was being paid way more than I was. That was just too much for me.	Oct 2, 2010 9:50 PM
40	It is getting MUCH worse practicing now.	Oct 2, 2010 10:38 PM
41	Would like to work less hard but does not seem to be possible.	Oct 2, 2010 10:39 PM
42	Would prefer to have slight more subspecialty emphasis (more oncology, robotics, laparoscopy and female urology) and less general urology. Would love to be able to afford a PA or similar help to cut down my	Oct 3, 2010 1:11 AM
43	Retired now.	Oct 3, 2010 1:19 AM
44	My practice rocks. Lap, paed and cancer all ages.	Oct 3, 2010 1:28 AM
45	I find I am spending more time taking care of computers and papaer instead of patients, but oh well, isn't that the way it is.	Oct 4, 2010 5:18 AM
46	(retired)	Oct 4, 2010 7:04 PM
47	currently am not too crazy busy, so am more satisfied than I was 3 months ago	Oct 5, 2010 6:59 PM

Question 2

2010 HEALTH POLICY SURVEY

Are you financially satisfied with your urologic practice?

	Response Percent	Response Count
Yes, 90-100% satisfied 	30.3%	99
40% 	8.0%	26
60% 	31.2%	102
Not really, 0-20% 	9.2%	30
60% 	21.4%	70
Comments		39
<i>answered question</i>		327
<i>skipped question</i>		1

Comments		
1	See above.	Sep 18, 2010 4:43 PM
2	Retired	Sep 18, 2010 5:09 PM
3	smi retired	Sep 18, 2010 5:23 PM
4	good surgical practice but working on quota system is not satisfying to justify pay	Sep 18, 2010 6:38 PM
5	academic practice never pays well	Sep 18, 2010 9:11 PM
6	yes, but retired for 10 years. Job satisfacion ,however has little to do with economics	Sep 18, 2010 9:18 PM
7	no raise due to university policy this year	Sep 18, 2010 9:56 PM
8	if my income continues to decline I will not be satisfied	Sep 18, 2010 11:01 PM
9	Decreasing revenues	Sep 18, 2010 11:32 PM
10	insurance hassles. uncertainty with medicare	Sep 19, 2010 3:25 AM
11	I have taken about a 40% cut in my take home pay over the last ten years and am working 25+% more.	Sep 19, 2010 4:29 AM
12	drastic drop in income	Sep 19, 2010 5:55 AM
13	unfunded mandates	Sep 19, 2010 2:55 PM
14	I think we do pretty well for our level of work BUT this is under attack and the AUA, predominately led by academicians, is not supporting the vast membership who are in private practice. This will led to the rise of groups like LUGPA who are interested in taking a roll beyond what the AUA currently supports, the educational advancement of our society (this shouldn't be eliminated).	Sep 19, 2010 2:55 PM
15	Income peaked about 2001, downhill despite higher production since.	Sep 19, 2010 5:29 PM
16	In academics in a state university that is having significant financial constraints.	Sep 19, 2010 6:38 PM
17	I accept the fact that being in academics I will earn less than my colleagues in private practice.	Sep 19, 2010 7:13 PM

## Question 2





Comments		
18	Better Medi-Cal fraud surveillance prior to coming to healthcare professionals is needed.	Sep 19, 2010 7:19 PM
19	Practice model not optimal and not optimally implemented.	Sep 19, 2010 9:04 PM
20	working much harder for less reimbursement	Sep 20, 2010 12:23 PM
21	Our practice is about 25% lower paying than civilian practices	Sep 20, 2010 2:12 PM
22	academic practice; since we cannot enjoy ancillary incomes, we suffer.	Sep 20, 2010 3:10 PM
23	but i know it is going down daily, yearly	Sep 20, 2010 4:36 PM
24	See #1.	Sep 20, 2010 5:40 PM
25	Expenses equal revenue in first three quarters.	Sep 20, 2010 9:13 PM
26	Live in poor rural area. Write Off about 47%. Income in bottom 1%	Sep 22, 2010 12:15 AM
27	I think we get paid well for what we do.	Sep 22, 2010 1:27 PM
28	I feel under compensated due to the large percentage of Medicaid I see in my pediatric urology practice.	Sep 23, 2010 3:32 AM
29	Falling levels of reimbursement, downcoding by payers, increased overhead due to intrusive reporting requirements have created economic challenges that were not as heavy in years past.	Sep 24, 2010 8:35 PM
30	hard work. poor patients appreciate.	Sep 29, 2010 4:35 AM
31	I make enough to dread the coming tax hikes.	Sep 30, 2010 6:59 PM
32	As above, when compared to what my dental hygeinist and dentist is paid, I feel insulted.	Oct 2, 2010 9:50 PM
33	declining reimbursements and difficulty in affording ownership in a radiation treatment facility and other ancillaries to make up for lost revenue	Oct 3, 2010 1:11 AM
34	Was.	Oct 3, 2010 1:19 AM
35	limited return after 4 yrs of med school, 6 yrs of residency, and 2 yrs of fellowship especially when compared to my college roomates who are lawyers, architects and football coaches	Oct 3, 2010 6:01 PM
36	but it takes long hours to achieve	Oct 3, 2010 6:50 PM
37	Reimbursements are slowly going down, being bundled, denied, etc.	Oct 4, 2010 5:18 AM
38	(retired)	Oct 4, 2010 7:04 PM
39	much less lucrative, with much more work	Oct 5, 2010 6:59 PM



Question 3

2010 HEALTH POLICY SURVEY

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

	Response Percent	Response Count
Yes and optimistic 	57.5%	188
Yes but pessimistic 	33.3%	109
No but optimistic 	5.2%	17
No and pessimistic 	4.0%	13
Comments		31
<b>answered question</b>		<b>327</b>
<b>skipped question</b>		<b>1</b>

Comments		
1	Relatively new, still need to build	Sep 18, 2010 4:09 PM
2	I work primarily in a county hospital, with a very high percentage of underinsured patients. My hope is that the national health care system will bring these people "into the fold" of the insured, and it will ultimately stabilize the financial rollercoaster that we experience in our hospital. But things will be rockier before they get better.	Sep 18, 2010 4:27 PM
3	Retired	Sep 18, 2010 5:09 PM
4	Anticipate more administrative hassles.	Sep 18, 2010 6:01 PM
5	not more than 5 years	Sep 18, 2010 6:10 PM
6	clinical instructor at a vets hosp	Sep 18, 2010 8:00 PM
7	Yes based on physician acceptance rather than good practice	Sep 18, 2010 8:15 PM
8	retired therefore not applicable	Sep 18, 2010 9:18 PM
9	Don't know	Sep 18, 2010 11:44 PM
10	If medicare drops reimbursement by 30%, there will be drastic changes to my income and satisfaction levels.	Sep 19, 2010 3:54 AM
11	Who knows!	Sep 19, 2010 4:29 AM
12	See comments above to question 1	Sep 19, 2010 4:45 AM
13	Really who want to work 80 hrs a week and take night call ;too much strain on the family	Sep 19, 2010 5:51 AM
14	I don't see any chance of improvement in the current climate	Sep 19, 2010 5:55 AM
15	We currently merged with several other groups to "protect" our income and keep some control in our lives. Even still it will be hard to keep the "status quo".	Sep 19, 2010 2:55 PM
16	AUA needs to be careful and not increase residency positions	Sep 19, 2010 3:11 PM
17	I should be well under the Obamanation threshold within 3-5 yrs.	Sep 19, 2010 5:29 PM
18	I am pessimistic not for financial reasons but for political reasons.	Sep 19, 2010 9:04 PM

### Question 3

Comments		
19	85 doc multi speciality group assoc Cath Health care west. we will be here,it just may not be a great work place	Sep 20, 2010 6:11 PM
20	Increase in rent the major draw back. I may be able to negociated it back.	Sep 20, 2010 9:13 PM
21	Military retirement helps alot. Without it, would move on.	Sep 22, 2010 12:15 AM
22	I cannot identify problems but the changing laws make it hard to plan	Sep 23, 2010 8:28 PM
23	Viable means we'll survive; doesn't mean we'll thrive. Falling reimbursement combined with increased overhead means income will diminish. I doubt we'll ever go broke but the pain and aggravation associated with practice may overwhelm the benefits and rewards in the near future.	Sep 24, 2010 8:35 PM
24	county staff md	Sep 28, 2010 8:59 PM
25	I think our clinic is well positioned.	Sep 30, 2010 6:59 PM
26	Trend is not looking good.	Oct 2, 2010 9:50 PM
27	Health care reform and ACO's threaten my current style of practice	Oct 3, 2010 1:11 AM
28	I am retired.	Oct 3, 2010 1:19 AM
29	the practice is viable..ie plenty of pts...but I may not be doing it	Oct 3, 2010 6:01 PM
30	With our merger, we have found some new revenue streams	Oct 4, 2010 5:18 AM
31	(retired)	Oct 4, 2010 7:04 PM

Question 4

2010 HEALTH POLICY SURVEY

**What's the likelihood that you - specifically because of professional or financial dissatisfaction - will retire at least one full year sooner or move your practice elsewhere?**

	Response Percent	Response Count
Not a chance	51.1%	167
Thinking about it	40.1%	131
It's in the works	8.9%	29
Comments		20
<b>answered question</b>		<b>327</b>
<b>skipped question</b>		<b>1</b>

Comments		
1	divorce and financial pressures are the larger issue	Sep 18, 2010 4:46 PM
2	Now retired	Sep 18, 2010 5:09 PM
3	semi-retired now	Sep 18, 2010 8:00 PM
4	loved my my profession would work as long as I'm productive	Sep 18, 2010 9:18 PM
5	Obamacare will ensure it	Sep 18, 2010 11:32 PM
6	I actually moved to the Kaiser system about 4 years ago because of deteriorating work conditions and reimbursement. I have had to return to my old practice due to family matters..	Sep 19, 2010 4:29 AM
7	I just did this on July 1, 2010	Sep 19, 2010 5:02 AM
8	I have the tired part of retired down	Sep 19, 2010 5:26 AM
9	Gone in 2 yrs.	Sep 19, 2010 5:51 AM
10	Moving to area with less HMO	Sep 19, 2010 2:20 PM
11	Will not retire early, but thinking about moving.	Sep 20, 2010 5:40 PM
12	I may add a new office location.	Sep 20, 2010 9:13 PM
13	planning on retiring anyway in two years, then coming back at 50%	Sep 20, 2010 11:15 PM
14	I'm retired, but not because of dissatisfaction	Sep 28, 2010 9:31 PM
15	Won't be able to afford to stop working. I'm only 43	Oct 3, 2010 1:11 AM
16	One of the reasons I retired.	Oct 3, 2010 1:19 AM
17	too young and tied into the community	Oct 3, 2010 10:53 PM
18	Too entrenched in my area and I AM optimistic about ancillary income to want to work a little longer	Oct 4, 2010 5:18 AM
19	(already retired)	Oct 4, 2010 7:04 PM
20	plan to retire but not because of practice issues	Oct 4, 2010 7:46 PM

### Question 5

## 2010 HEALTH POLICY SURVEY

**How would you rate current relationships, on average, between patients and their doctors?**

	Response Percent	Response Count
Warm & trusting <input type="checkbox"/>	58.1%	190
Businesslike <input type="checkbox"/>	35.5%	116
Apathetic <input type="checkbox"/>	2.8%	9
Annoying & suspicious <input type="checkbox"/>	3.7%	12
Comments		32
<b>answered question</b>		<b>327</b>
<b>skipped question</b>		<b>1</b>

Comments		
1	more patients seem angry today versus 10 years ago	Sep 18, 2010 4:27 PM
2	Each of these could apply to particular patients in any practice I have been in.	Sep 18, 2010 4:43 PM
3	I enjoy most of my patients.	Sep 18, 2010 6:01 PM
4	age related	Sep 18, 2010 8:00 PM
5	now, as a patient, sense a much more business-like relationship	Sep 18, 2010 9:18 PM
6	Always are a few outliers which sour the climate for all	Sep 18, 2010 9:52 PM
7	But I have pay up from practice	Sep 18, 2010 11:44 PM
8	The problem is that to maintain good patient/physician relations still requires time of which that is in short supply.	Sep 19, 2010 4:29 AM
9	I still manage to keep good relations with most patients but spend lots of time	Sep 19, 2010 4:45 AM
10	society says challenge your doctor. Just came from an ER consult. "Doc you better be right or I'll sue you blind. Of course it was for free.	Sep 19, 2010 5:51 AM
11	I spend a great deal of time with my patients, especially those with cancer problems	Sep 19, 2010 5:55 AM
12	Patient's in America just assume that everything can be fixed. They are not grateful and the AUA, AMA has not done enough to educate the public that medicine has dramatically improved the lives and health of millions over the last 3 decades.	Sep 19, 2010 2:55 PM
13	more and more it is businesslike and suspicious	Sep 19, 2010 3:21 PM
14	In general, personally I find that I have a warm and trusting relationship with most of my patients	Sep 19, 2010 5:33 PM
15	It's a mix. "Warm" is a bit much, "Trusting" is > "Businesslike."	Sep 19, 2010 6:56 PM
16	In general.	Sep 19, 2010 7:13 PM
17	somewhere between warm and trusting and businesslike.	Sep 20, 2010 4:45 AM
18	the businesslike relationships are becoming much more common, but at the moment not the overriding relationship	Sep 20, 2010 12:23 PM

## Question 5

Comments		
19	Very variable; but seems like patients are getting more entitled. They want more and more while the doctors are getting squeezed to move faster and do more paperwork and hoop-jumping. Thankfully, some patients are still wonderful.	Sep 20, 2010 3:05 PM
20	all except warm and trusting. unfortunately, everyone except the doctors see this as business. when the warm and fuzzy disappears at \$ 10 copay, i know that we never had any warm and fuzzies.	Sep 20, 2010 4:36 PM
21	it is the goverment,payors and administration that took away the fun	Sep 20, 2010 6:11 PM
22	depends on the patient	Sep 20, 2010 8:40 PM
23	Occasional annoying and suspicious.	Sep 20, 2010 9:13 PM
24	Most have good feelings, but too many are demanding and have sense of entitlement to free care.	Sep 20, 2010 9:48 PM
25	though I feel there has been some erosion in the trust since I started in practice 17 years ago	Sep 21, 2010 12:13 AM
26	heading toward apathetic and suspicious when we are viewed as providers and not physicians	Sep 23, 2010 2:41 PM
27	All of the above. Stupid question. I tried to leave it blank but questionnaire wouldn't let me.	Sep 23, 2010 8:28 PM
28	It's so variable. Some are old school and very appreciative of care and support. Others arrive with an adversarial attitude ready to challenge or question every action.	Sep 24, 2010 8:35 PM
29	There are certainly suspicious patients but they are not the majority.	Sep 30, 2010 6:59 PM
30	Still 90 % of patients are very gratefull and wonderful to work with	Oct 2, 2010 11:26 PM
31	for the most part, There always exceptions	Oct 4, 2010 5:18 AM
32	For the most part.	Oct 4, 2010 5:22 AM

Question 6

2010 HEALTH POLICY SURVEY

How would you rate current relationships, on average, between physicians and hospital or health plan administrators?

	Response Percent	Response Count
Respectful <input type="checkbox"/>	29.1%	95
Indifferent <input type="checkbox"/>	27.2%	89
<b>Annoying &amp; suspicious <input type="checkbox"/></b>	<b>42.2%</b>	<b>138</b>
N/A <input type="checkbox"/>	1.5%	5
	Comments	20
	<b>answered question</b>	<b>327</b>
	<b>skipped question</b>	<b>1</b>

Comments		
1	Administrators have their own mandate which does not correspond with optimal delivery of health care. I have never been asked how they could help me serve my patients better.	Sep 18, 2010 6:01 PM
2	for the most part. I sense that all sense that they need each other to succeed.	Sep 18, 2010 9:18 PM
3	The hospital administrators in our area are extremely anti doctor.	Sep 19, 2010 4:29 AM
4	Iwe are no longer working together, it is almost them against us	Sep 19, 2010 5:26 AM
5	Hospital's in our current market are very aggressive about hiring primary care physicians and build networks to "corner the market on referrals". They ultimately want to hire Urologist's and make money off their backs. It's all about Control and Money.	Sep 19, 2010 2:55 PM
6	Admins in general think they are the reason the pts are coming to our hospital. They downplay the role of MDs and other caregivers in the hospital.	Sep 19, 2010 7:13 PM
7	cynical is better description	Sep 20, 2010 5:32 AM
8	to them, we are only seen as source of money, nothing more, nothing less. for us to see as partners in any way, shows how naive we are and perhaps idealistic	Sep 20, 2010 4:36 PM
9	we share some views and differ on others, a marriage of convience??	Sep 20, 2010 6:11 PM
10	Good relationship with hospital not health plan	Sep 21, 2010 8:25 AM
11	All of the above. Stupid quetion. I tried to leave it blank but questionnaire wouldn't let me	Sep 23, 2010 8:28 PM
12	Increased distrust and competition caused by infighting over their share of an ever-shrinking pie pits hospitals, health plans and physicians on different teams. Each seeks to dominate the other. Seeing cooperation breaking down all over the place.	Sep 24, 2010 8:35 PM
13	most dependonCEO of hospitals	Sep 29, 2010 4:35 AM

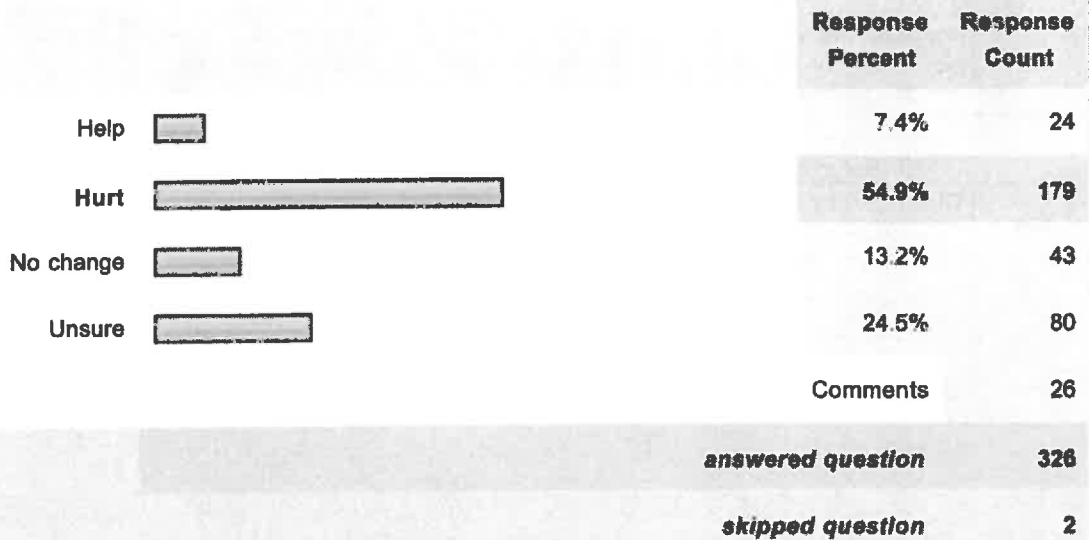
## Question 6

Comments		
14	It came to light for me when for security reasons, the hospital started giving ID's to people entering the hospital. They now require MD's to avoid the main entrances and come in restricted access sites. It was too much for them to provide a key swipe card or one additional security person.	Oct 2, 2010 9:50 PM
15	dictatorial	Oct 2, 2010 10:44 PM
16	Not the same in all places where I work	Oct 2, 2010 10:54 PM
17	Hospitals are out to screw physicians and soak up way to much of the healthcare pie. They are incredibly inefficient and would be best run by physician with hospital ownership	Oct 3, 2010 1:11 AM
18	Cautiously watching the action of the hospital and making sure we have presence in alternate market area.	Oct 3, 2010 7:57 PM
19	They are only interested in hiring docs of their own - foundation	Oct 4, 2010 5:18 AM
20	( . . would only be guessing)	Oct 4, 2010 7:04 PM

Question 7

2010 HEALTH POLICY SURVEY

How do you feel the recent health care reform legislation passed by Congress will affect your practice?



Comments		
1	Practice in Canada	Sep 18, 2010 4:24 PM
2	I practice in Canada so not applicable	Sep 18, 2010 4:46 PM
3	very negative impact on quality of care and, particularly, Dr/Pt relationships	Sep 18, 2010 9:18 PM
4	I practice in the Philippines	Sep 18, 2010 10:33 PM
5	whom are you kidding?	Sep 18, 2010 11:32 PM
6	The patients will be shortcutted, testing and treatment will be rationed	Sep 19, 2010 5:26 AM
7	Things will only get worse	Sep 19, 2010 5:55 AM
8	We do not need any more "entitlement" patients in our practice. We are busy enough treating people with insurance that at least pay reasonably well. They have created, unwittingly, a two tier system. Those that have good insurance will be marketed to by physicians and those under state cooperatives or medicaid/medicare will get "average" care and LONG lines to get in.	Sep 19, 2010 2:55 PM
9	Universal and moblie coverage for citizens and legal aliens is importatnt.	Sep 19, 2010 6:56 PM
10	Too complicated for even those who wrote it to explain. How are we to understand?	Sep 20, 2010 5:32 AM
11	Will create too many regulations and requirements.	Sep 20, 2010 1:53 PM
12	it would be better if they just bought me out and hire me back as a government employee. the gov. wants us to miromanage our offieces so they do not have to.	Sep 20, 2010 4:36 PM
13	no one has read it all, / of enforcement. too big and fails to cover costs and services. when was the last time a government policy came in on budget??	Sep 20, 2010 6:11 PM
14	Pediatric practice, therefore additional insurance may increase revenue	Sep 21, 2010 4:15 PM
15	Increased reporting requirements, threat of IPAB causing greatly decreased reimbursement, threats of penalties for failure to report or perform and outrageous adjustment of fee schedules based on "value" when they admit they don't know how to measure outcomes or address attribution all combine for a serious threat to physician participation.	Sep 24, 2010 8:35 PM
16	money go to organization CEO bonus.	Sep 29, 2010 4:35 AM



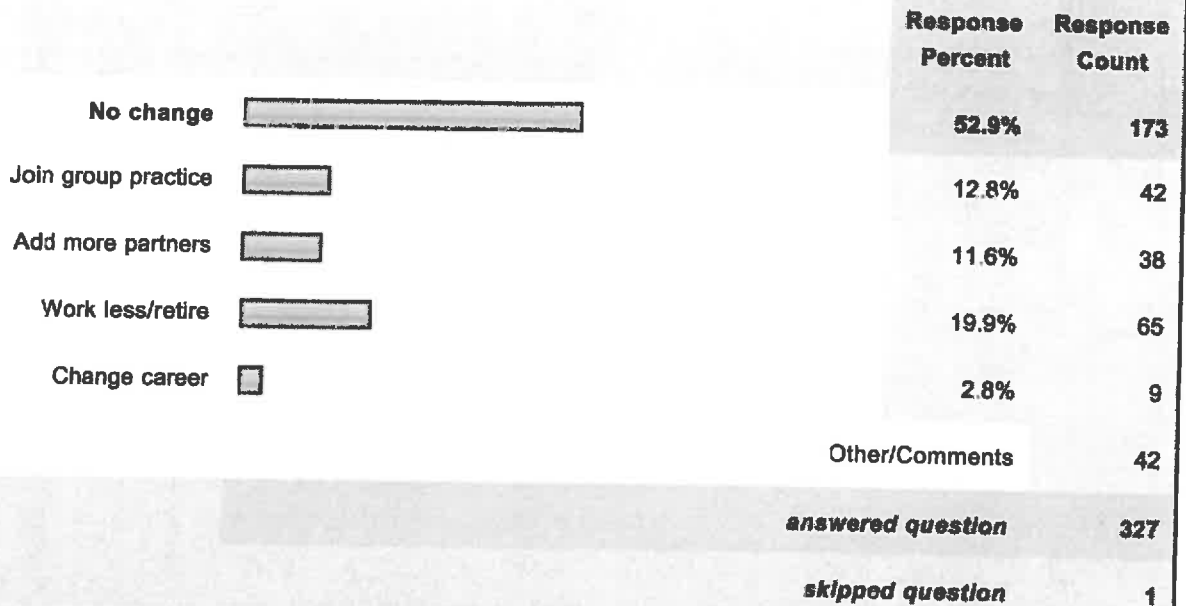
### Question 7

Comments	
17	Probably will increase demands on urologists' time.
18	I'm guessing more paper work for documentation, combined with reduced pay.
19	I practice in the Philippines
20	Too little too late.
21	I am in academics and work at Harborview. I don't think that my practice will be affected as much as someone in private practice but I do think that it will be affected to a degree.
22	very poor legislation , that did not address the real issues.
23	I will have to see more patients to maintain the same income. I will also have to increase my overhead as we need to monitor outcome data
24	I am Canadian
25	(retired)
26	i only practice pediatric urology. A large percentage of my patients are government insured and pay very poorly

Question 8

2010 HEALTH POLICY SURVEY

How are you planning to respond to the expected impact the legislation will have on your practice?



Other/Comments

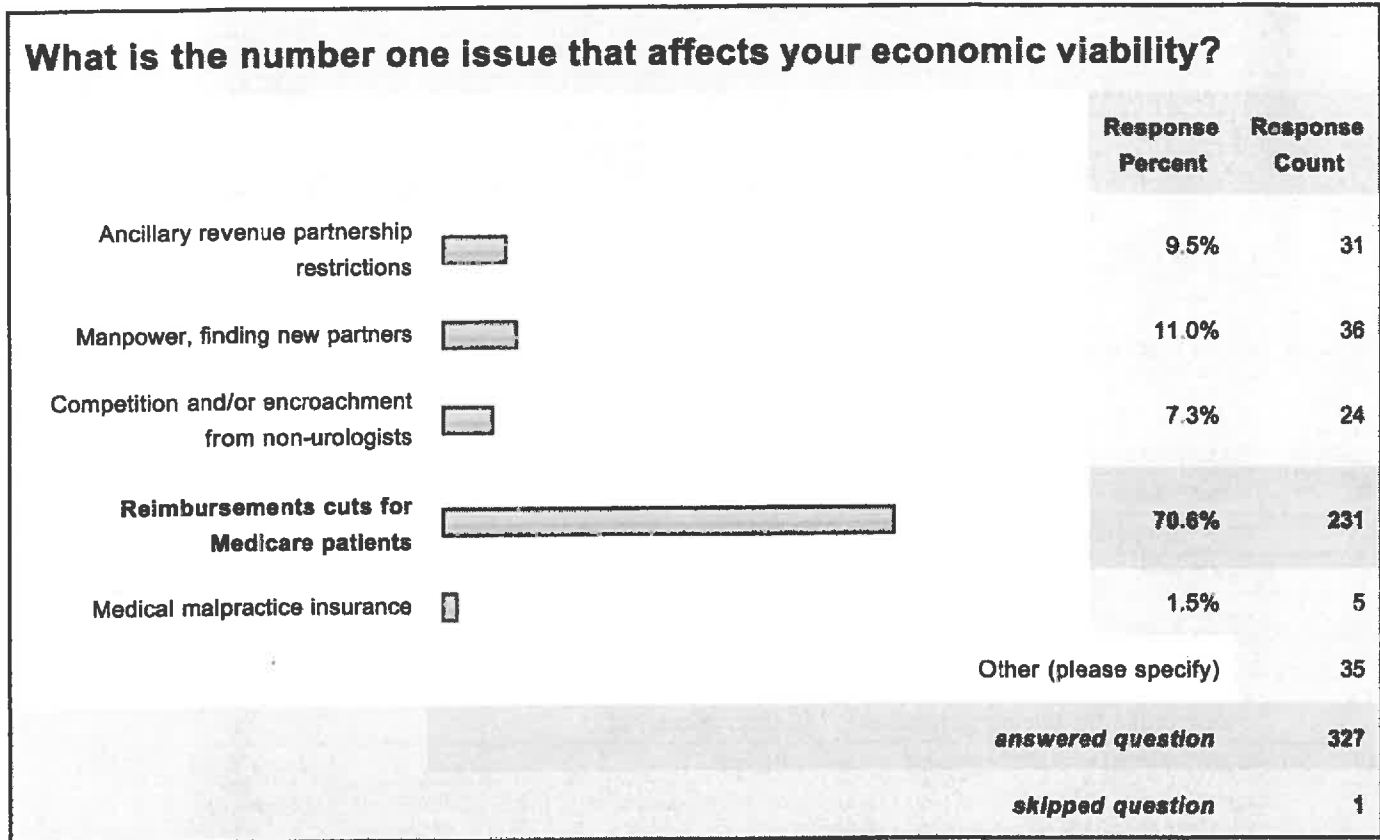
Response ID	Response Text	Timestamp
1	Practice in Canada	Sep 18, 2010 4:24 PM
2	I don't know.	Sep 18, 2010 4:43 PM
3	Cut costs and cut time per patient.	Sep 18, 2010 4:51 PM
4	As no one is sure of its final impact, it's difficult to predict action.	Sep 18, 2010 5:30 PM
5	see more patients	Sep 18, 2010 5:59 PM
6	try to manage overhead better	Sep 18, 2010 7:15 PM
7	if not retired, lmy business plan would be to work smarter but just as hard.	Sep 18, 2010 9:18 PM
8	not sure yet. Note that I said change carrer because you would not accept a comment without a radio button checked. You should have other as a radio button.	Sep 18, 2010 11:01 PM
9	I don't know	Sep 18, 2010 11:32 PM
10	practice mergers under consideration	Sep 19, 2010 12:11 AM
11	work more for less	Sep 19, 2010 1:24 AM
12	not sure what to do yet.	Sep 19, 2010 3:25 AM
13	No change for now but in 5 to 10 years we all will be working for a hospital or other entity. They do not realize what a deal they have now. People working 50 to 60n hours per week. I kind of look forward to working only 40 hours per week.	Sep 19, 2010 4:29 AM
14	I'm expecting suggestions from the AUA on Specifics as changes are enacted.	Sep 19, 2010 4:51 AM
15	I changed my career because of this.	Sep 19, 2010 5:02 AM
16	I am the only full time Urologist for a drw are > 80 thousand. Obama 's plan I will not work under.	Sep 19, 2010 5:51 AM
17	I may stay in Federal service where I am currently in part time position	Sep 19, 2010 5:55 AM
18	Not be participating in Medicare	Sep 19, 2010 1:15 PM

### Question 8

Other/Comments		
19	We did this already to help absorb the blow but ultimately we will cater to patients based on quality. We will see less and less of entitlement patient's...	Sep 19, 2010 2:55 PM
20	this is a fluid situation and till the specifics are not clear its. difficult.	Sep 19, 2010 3:11 PM
21	we may join the hospital	Sep 19, 2010 3:21 PM
22	There is no point in changing until I see what happens.	Sep 19, 2010 7:13 PM
23	Adding non-physician extenders	Sep 19, 2010 8:59 PM
24	I work for Kaiser	Sep 19, 2010 11:02 PM
25	awaiting results, and willing to change if necessary	Sep 19, 2010 11:51 PM
26	Increase ancillary service ventures. More aggressive contracting with payors.	Sep 20, 2010 12:45 AM
27	??	Sep 20, 2010 6:11 PM
28	I see solo provate practice as non viable	Sep 20, 2010 9:48 PM
29	There will be changes for usre, but not those listed.	Sep 22, 2010 1:27 PM
30	Wait and see. That option wasn't available so I answered the first one I came to	Sep 23, 2010 8:28 PM
31	In the process of forming a super group.	Sep 24, 2010 8:35 PM
32	work less pending pay structure	Sep 30, 2010 4:01 PM
33	need more non-operative urology docs or other providers.	Sep 30, 2010 6:59 PM
34	as well as change career interest	Oct 2, 2010 8:58 PM
35	don't know what to do	Oct 2, 2010 9:50 PM
36	Cant change career after all tjese years invested in training. I actively discourage undergrads who ask about medicine. The system is a trap!	Oct 2, 2010 10:44 PM
37	jkoint venture with other groups, possibly merge	Oct 3, 2010 6:50 PM
38	We will be adding more mid-level providers to service pts who have government-sponsored health plams ie Medicare.	Oct 3, 2010 7:57 PM
39	expect I will end up employed and on salary eventually. Just like the Air Force	Oct 3, 2010 10:53 PM
40	Not sure, will have to see how things change. Will carefully evaluate what happens with the new legislation.	Oct 4, 2010 4:12 AM
41	Investigating alliances.	Oct 4, 2010 9:00 PM
42	limit medicare	Oct 6, 2010 6:50 PM

Question 9

2010 HEALTH POLICY SURVEY



Other (please specify)		
1	The "other" selection needs a box to check, because none of the selections is pertinent to me. Unemployment and loss of insurance benefits	Sep 18, 2010 4:27 PM
2	divorce	Sep 18, 2010 4:46 PM
3	medicaid is more than 50% of my payer mix	Sep 18, 2010 4:59 PM
4	Retired	Sep 18, 2010 5:09 PM
5	Military spending cuts and deployments	Sep 18, 2010 5:46 PM
6	increasing pressure from hospitals to join	Sep 18, 2010 6:07 PM
7	extremely poor reimbursement for MediCal	Sep 18, 2010 6:38 PM
8	employee at vets-recruiting tough	Sep 18, 2010 8:00 PM
9	salary by hospital	Sep 18, 2010 9:11 PM
10	I'm away from the action but likely all of the above	Sep 18, 2010 9:18 PM
11	Increasing costs, reduced income	Sep 19, 2010 4:45 AM
12	capitation plans.	Sep 19, 2010 4:51 AM
13	Amount of paperwork to get authorizations for CT sca	Sep 19, 2010 5:26 AM
14	I have served for over 20 yrs in a low economic ,Medicare reimbursement was the backbone of my revenue .	Sep 19, 2010 5:51 AM
15	accountable care organization	Sep 19, 2010 2:55 PM
16	We need a permanent fix for the SGR.	Sep 19, 2010 6:56 PM
17	Not a serious issue.	Sep 19, 2010 7:13 PM
18	Potential of increased Medi-Cal and decreased reimbursement	Sep 19, 2010 7:19 PM
19	coverage for procedures	Sep 20, 2010 3:10 PM

### Question 9

Other (please specify)		
20	A dramatic increase in our Medicaid and self pay population would affect our viability	Sep 20, 2010 4:29 PM
21	as we know, anything we could potentially make money from gets taken away soon and fast. yet lawyers and bankers can have it kept going and the gov supports with loans. if we have a loan, we are expected to pay. if they ahve a loan, they will give you more loans to pay the other loan off.	Sep 20, 2010 4:36 PM
22	all of the above to some degree	Sep 20, 2010 6:11 PM
23	It is more the lack of an adjustment for inflation. This produces exponential losses in buying power for the same dollar received.	Sep 20, 2010 9:13 PM
24	capitated contracts	Sep 21, 2010 4:22 PM
25	State budget	Sep 21, 2010 6:30 PM
26	DOD budget	Sep 23, 2010 12:51 AM
27	None of the above. I had to check this one. The real answer is: my age. I'm almost 70 & could become senile or die any time now	Sep 23, 2010 8:28 PM
28	Private payers still dominate the landscape and they are cutting back at least as much as Medicare, if not more.	Sep 24, 2010 8:35 PM
29	none	Sep 28, 2010 9:31 PM
30	insurance will follow medicare standards	Oct 2, 2010 9:50 PM
31	Ability to attract highly qualified urologists to our salary structure.	Oct 2, 2010 10:39 PM
32	getting rid of consult codes.	Oct 3, 2010 6:50 PM
33	rising overhead without healthcare fee increases	Oct 4, 2010 2:24 AM
34	Other insurance cuts	Oct 4, 2010 5:18 AM
35	(retired)	Oct 4, 2010 7:04 PM

Question 10

2010 HEALTH POLICY SURVEY

What are the most important legislative or regulatory issues that you confront in your practice? (select all that apply)

		Response Percent	Response Count
Restrictions on imaging services	<input type="checkbox"/>	21.4%	70
Certificate of Need Restrictions	<input type="checkbox"/>	9.5%	31
Restrictions on physician ownership of Pathology labs	<input type="checkbox"/>	12.8%	42
Restrictions on physician ownership of hospitals	<input type="checkbox"/>	11.0%	36
<b>Reimbursements for Medicare patients</b>	<input type="checkbox"/>	<b>85.3%</b>	<b>279</b>
Referral restrictions	<input type="checkbox"/>	19.9%	65
Other (please specify)			30
<b>answered question</b>			<b>327</b>
<b>skipped question</b>			<b>1</b>

Other (please specify)		
1	The "other" selection needs a box to check, because none of the other selections are pertinent. Failure to enact health care reform legislation will result in our medical system being overwhelmed.	Sep 18, 2010 4:27 PM
2	None	Sep 18, 2010 5:09 PM
3	extremely poor reimbursement for MediCal	Sep 18, 2010 6:38 PM
4	work for a big corporation	Sep 18, 2010 8:15 PM
5	none of the above	Sep 18, 2010 9:11 PM
6	can only check one bu suspect all of the above	Sep 18, 2010 9:18 PM
7	Not applicable to me	Sep 18, 2010 10:33 PM
8	Non apply to me.	Sep 19, 2010 3:31 AM
9	I worry about the RAC audits	Sep 19, 2010 5:02 AM
10	Drug formulary restrictions	Sep 19, 2010 2:20 PM
11	unsure	Sep 19, 2010 5:29 PM
12	Rx restrictions	Sep 19, 2010 7:13 PM
13	Medi-Cal fraud	Sep 19, 2010 7:19 PM
14	By far!	Sep 19, 2010 9:04 PM
15	None of above	Sep 20, 2010 12:00 PM
16	none	Sep 20, 2010 2:12 PM

### Question 10

Other (please specify)		
17	Cuts to Medicaid or CHIP programs	Sep 20, 2010 4:29 PM
18	As above no adjustment for inflation.	Sep 20, 2010 9:13 PM
19	DOD Budget	Sep 23, 2010 12:51 AM
20	I really don't know. Don't count this answer. I didn't get a none of the above option	Sep 23, 2010 8:28 PM
21	Restriction on XRT partnerships	Sep 28, 2010 7:55 PM
22	I consider physician ownership of most of the mentioned services to be unethical	Sep 28, 2010 9:31 PM
23	and therapeutic services cryo/laser/RoRx	Sep 30, 2010 4:01 PM
24	We really spend far too much time trying to comply with Medicare's complex billing rules.	Sep 30, 2010 6:59 PM
25	Inadequately resourced for the amount of work that needs to be done.	Oct 2, 2010 10:39 PM
26	Changes in the Health Care Administration in Alberta	Oct 2, 2010 10:54 PM
27	doe not apply since I work abroad	Oct 3, 2010 12:26 AM
28	Need Medicare for all to compete with first world countries	Oct 3, 2010 1:19 AM
29	also restrictions on how physicians provide radiastion ocology	Oct 3, 2010 6:50 PM
30	I work in a Kaiser so none apply (this survey won't let me leave the boxes unchecked so I checked them all)	Oct 4, 2010 3:38 PM

Question 11

2010 HEALTH POLICY SURVEY

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

	Response Count
	82
<i>answered question</i>	82
<i>skipped question</i>	246

Response Text		
1	I have been discouraged by the general direction of the legislative agenda of the urological professional societies. If urologists, and physicians in general, continue to act in our own self interests (having an entitlement mentality, refusing to develop or accept quality of care metrics, recognizing our responsibility to care for all members of our communities-- and not just the commercially insured), we will be responsible for the dissatisfaction and failure of our practices; we will not be able to blame the government, insurance companies, or anything else.	Sep 18, 2010 4:27 PM
2	None	Sep 18, 2010 5:09 PM
3	need to repeal obamacare	Sep 18, 2010 5:11 PM
4	peer review	Sep 18, 2010 5:21 PM
5	None	Sep 18, 2010 5:49 PM
6	Geographic medicare different reimbursements in the state need to be fixed. San Diego suffers a great deal as is it lumped with area 99 (all other) with much lower overhead allowances.	Sep 18, 2010 5:52 PM
7	Pay for performance	Sep 18, 2010 6:01 PM
8	Mandatory treatment of Illegals and uninsured.	Sep 18, 2010 6:15 PM
9	increased paperwork, govt. requirements for practice formed by people not in the field, CCS and MediCal viability	Sep 18, 2010 6:38 PM
10	ACO's	Sep 18, 2010 7:41 PM
11	Dominance of private market by one insurance company	Sep 18, 2010 7:50 PM
12	costs of doing business-when in practice	Sep 18, 2010 8:00 PM
13	oregon health plan	Sep 18, 2010 9:11 PM
14	not aware of any	Sep 18, 2010 9:18 PM
15	Hospitals hiring full-time urologists	Sep 18, 2010 9:52 PM
16	Not applicable	Sep 18, 2010 10:33 PM
17	Insurance company collusion with hospitals to limit contracts with physician owned ASC's	Sep 18, 2010 11:32 PM
18	Essential "monopoly" by 1 payer in Hawaii.	Sep 19, 2010 12:06 AM
19	Legislative favoritism for Intermountain Health Care	Sep 19, 2010 12:11 AM
20	Hospital is trying to control us, drive private practice out	Sep 19, 2010 1:24 AM
21	As a Canadian Urologist, I do not think that the legislation will impact me.	Sep 19, 2010 3:31 AM
22	there will be a significant negative effect on medical in California	Sep 19, 2010 3:33 AM



### Question 11

Response Text		
23	Being in Nevada, we get to deal with the fall out from the Las Vegas surgery center hepatitis scandal.	Sep 19, 2010 4:29 AM
24	Requirements to see certain patients	Sep 19, 2010 5:21 AM
25	Possible restrictions prohibiting urologists from doing prostate US in the office	Sep 19, 2010 5:26 AM
26	too many managed care/HMO plans	Sep 19, 2010 5:55 AM
27	Essentially insurance, hospital and now government monopolization (via consolidation in the marketplace). In the meantime we as physicians cannot unionize or organize in any meaningful way.	Sep 19, 2010 2:55 PM
28	not very sure... there are several	Sep 19, 2010 3:11 PM
29	cuts in medicaid and kids care	Sep 19, 2010 3:21 PM
30	Impending penalties for not using EMR when no national standards exist for data exchange compatibility, and not a single current vendor system can meet the "Meaningful Use" standard. We need an ANSI standard data file format for all EMR's.	Sep 19, 2010 5:29 PM
31	Health care of illegal aliens	Sep 19, 2010 6:38 PM
32	Empty state coffers to pay for health care services needed by the uninsured and/or unemployed.	Sep 19, 2010 6:56 PM
33	Better evaluation of Medi-Cal need for those who are actually eligible rather than those traveling back and forth from the Middle East including those who have physician parents who are now on Medi-Cal because they want care in the US temporarily.	Sep 19, 2010 7:19 PM
34	In my there is dishonest competition in the field of urology itself, with misrepresentation of results , specially with regards to results of robotic prostatectomies. AUA should probably interfere.	Sep 19, 2010 7:45 PM
35	None	Sep 19, 2010 9:04 PM
36	Medicaid population increasing	Sep 20, 2010 2:18 AM
37	Inadequate RVU designations. Increasing regulatory oversight for documentation, outcomes, etc. Will you make the results of this survey available to Western Section members? It will be extremely insightful! Thank you!!	Sep 20, 2010 5:32 AM
38	"worst practice mandates" IG clipping scrotums vs. shaving scrotums Proctor and Gambles "Braun" says absolutely not to clip the scrotum with their clippers!! According to the CDC Epidemiology Librarian - there is zero/zilch medical literature to support the use of clippers on the scrotum.  "Politically correct" medical lexicon and coding as deemed necessary by "bean counters" and politicians	Sep 20, 2010 5:41 AM
39	Cuts in services to the poor	Sep 20, 2010 12:00 PM
40	Regulations restricting scope of procedures that MAs can perform (ie catheterizing)	Sep 20, 2010 1:24 PM
41	we are and have always been doctors. when pitted against businessman, we always lose out. to equalize this playing field, we make attempts at politics, business, and law but we are so limited by regulations to make any headway. for example, the insurance cos can lobby, and use their power to make a difference, yet we cannot. we are not allowed to. just look at what the gov isdoing to the giant group in ny. when we get some organization and some power, they want to knock us down. why? becasue it does not make money for them. what angers me is the fact that we are, most of us i think, the ones's that were smarter, studied harder, played less, during our school years – delayed gratification - when they played. now when we are finally making up for the lost time, money, etc, they are changing the game, because they can. we are at the mercy of their humanity, when they have none and we do and dd from day one we entered this profession. thanks for listening.	Sep 20, 2010 4:36 PM

### Question 11

Response Text		
42	none	Sep 20, 2010 5:00 PM
43	EMR	Sep 20, 2010 5:14 PM
44	we provide medical holidays. nocitizens visiting their family get their turp,stone a nd other health care here on the county while they visit. visitors to the usa nedds visas and prepaid health insurance for there time here	Sep 20, 2010 6:11 PM
45	Difficulty integrating EMR systems.	Sep 20, 2010 7:22 PM
46	none	Sep 20, 2010 8:29 PM
47	We have an annoying rule that we must pass a test to operate flouroscopy in the O.R. Another annoyance is a one month waiting period before you can do a vasal ligation. Another annoyance is an unfair medical board.	Sep 20, 2010 9:13 PM
48	Most patients that I would say I trust are unhappywith the governments handling of the "reform". Most agree that it is unwise to have a group (congress) make decision on how to do things, when they do not have to participate in it.	Sep 20, 2010 9:48 PM
49	ACCountable CO	Sep 20, 2010 10:40 PM
50	ACO	Sep 21, 2010 8:25 AM
51	Loss of rural discount on malpractice insurance	Sep 22, 2010 12:15 AM
52	I continue to be concerned about ongoing audits.	Sep 22, 2010 1:27 PM
53	N/A	Sep 23, 2010 12:51 AM
54	Creation of an ACO in our current private practice single specialty group model.	Sep 23, 2010 3:32 AM
55	I think we need to lobby less. The country is in a mess and can't afford what it is doing. As much as possible we should find ways to compete more,work harder, and try to make the medical market place more effective so that the politicians can retire instead of us.	Sep 23, 2010 8:28 PM
56	Too many to enumerate here.	Sep 24, 2010 8:35 PM
57	We need improved access of all persons to quality medical care, and it needs to be affordable.	Sep 28, 2010 9:31 PM
58	Electronic Medical records	Sep 29, 2010 4:35 AM
59	Proposal for new state income taxes for high earners only.	Sep 30, 2010 3:20 AM
60	hospital monopoly control issues via disruptive MD controls	Sep 30, 2010 4:01 PM
61	none	Sep 30, 2010 10:41 PM
62	Very poor understanding of the new Federal Legislation & hospitals trying to set up ACO's -- nobody know what to do or how to react. WE NEED HELP ON WHAT TO DO.	Oct 2, 2010 10:38 PM
63	Issue of emergency care for illegal immigrants. Who pays?	Oct 2, 2010 10:39 PM
64	New Bylaws	Oct 2, 2010 10:54 PM
65	None	Oct 2, 2010 11:56 PM
66	potential expiration of MICRA malpractice reform in California	Oct 3, 2010 1:11 AM
67	Too many uninsured. Too hard to access healthcare for all.	Oct 3, 2010 1:19 AM
68	Lack of tort reform in Arizona	Oct 3, 2010 4:23 AM
69	I fully support the Obamacare.	Oct 3, 2010 4:29 AM
70	national program on payment bundling	Oct 3, 2010 3:48 PM
71	none	Oct 3, 2010 6:29 PM
72	ban on physicain ownership of imaging	Oct 3, 2010 6:50 PM
73	Hospital aquisition of physician practices potentially causing unfair competative advantage due the the hospital tapping Medicare Part A funds to supplement the Part B reimbursement that to which unaffiliated practices are limited.	Oct 3, 2010 7:02 PM
74	aco and what will happen to us.	Oct 3, 2010 7:24 PM

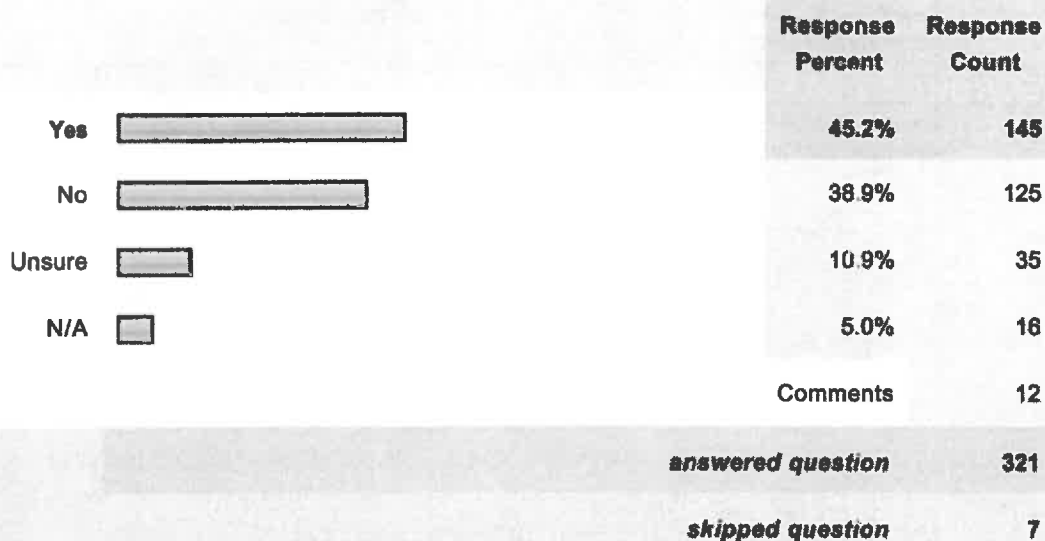
### Question 11

Response Text		
75	Hospital ownership of physician practices. It seems that hospitals are able to go around the law that prohibits corporate practice of medicine unchallenged by the physicians. Where are our professional organizations ?	Oct 3, 2010 9:48 PM
76	Cuts in Medical and increasing uninsured patients that demand services, without payment	Oct 4, 2010 4:17 AM
77	Pay for performance	Oct 4, 2010 4:19 PM
78	Among the lower income families and individuals, many know nothing about their eligibility for Medicaid, SCHIP, and other programs. Need for wide-spread community education.	Oct 4, 2010 7:04 PM
79	?	Oct 4, 2010 7:46 PM
80	I work in a VA hospital. Management of patients with complex problems is an issue in that referral is wieldy and not well defined.	Oct 4, 2010 8:09 PM
81	none	Oct 5, 2010 5:59 AM
82	medicare not reimbursing for inpatient cath-associated UTIs and other reasons for medicare non-payment of hospitals and MDs	Oct 6, 2010 6:50 PM

Question 14

2010 HEALTH POLICY SURVEY

Are you interested in receiving information on alternative revenue generating methodologies such as Medical Tourism (opening practices outside the US)?



Comments		
1	Work for group so cannot participate in currently	Sep 18, 2010 4:12 PM
2	Very interested	Sep 18, 2010 6:50 PM
3	I was forced to opt out of medicare	Sep 18, 2010 11:05 PM
4	this could be a two edge sword!	Sep 19, 2010 3:13 PM
5	Won't accept new Medicare patients, but will continue to participate for existing patients.	Sep 19, 2010 5:33 PM
6	questionable practice!	Sep 20, 2010 5:34 AM
7	I think this is wrong and should be discouraged.	Sep 22, 2010 1:30 PM
8	could AK become a site!	Sep 30, 2010 4:04 PM
9	Is it as much fun as it sounds?	Sep 30, 2010 7:02 PM
10	Great Idea !	Oct 2, 2010 10:43 PM
11	in canada	Oct 3, 2010 6:53 PM
12	would love to do that.	Oct 3, 2010 9:50 PM

Question 17

2010 HEALTH POLICY SURVEY

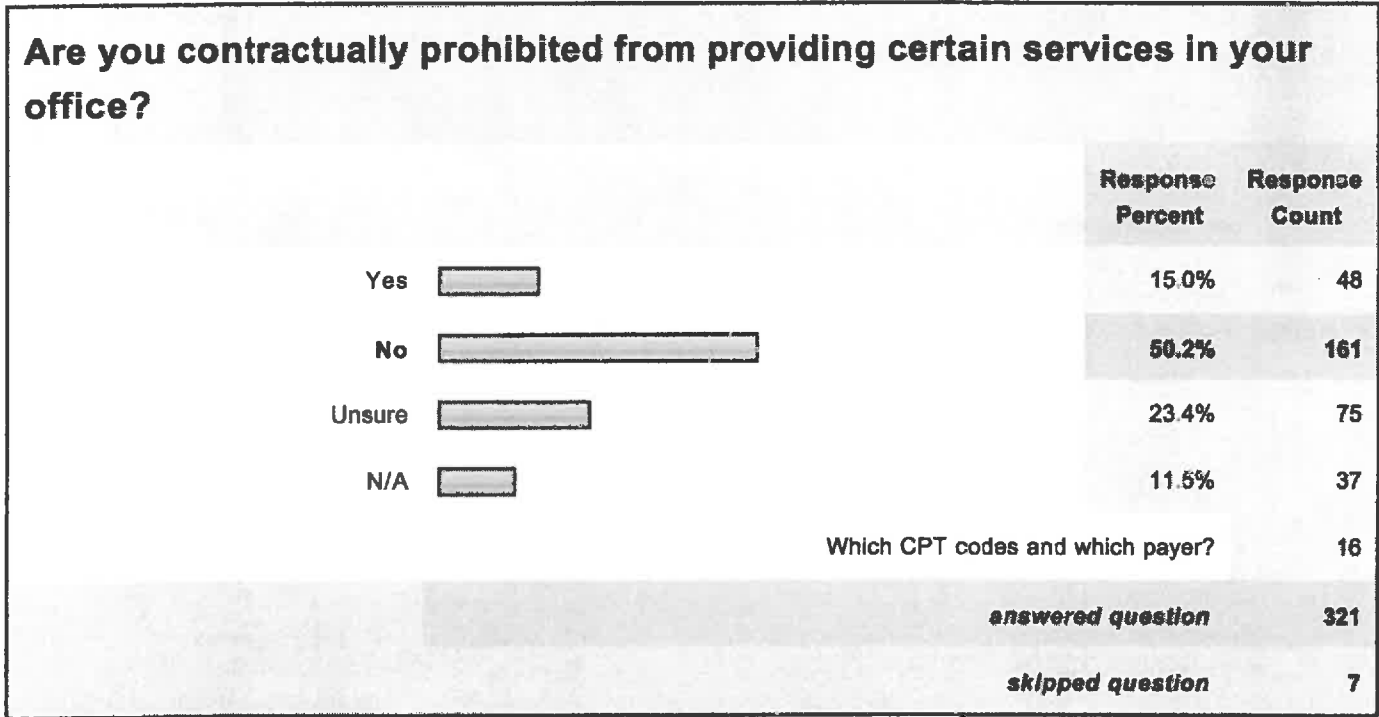
**After the drops, how did you do?**

	Response Percent	Response Count
Net increase in revenue <input type="checkbox"/>	5.3%	17
No change, the increase in payments offset the decrease in patient load <input type="checkbox"/>	19.9%	64
Net decrease, but less work <input type="checkbox"/>	10.9%	35
N/A <input type="checkbox"/>	63.9%	205
Other (please specify)		14
<b>answered question</b>		<b>321</b>
<b>skipped question</b>		<b>7</b>

Other (please specify)		
1	Didn't drop	Sep 18, 2010 4:12 PM
2	not sure since I work at a university	Sep 18, 2010 4:17 PM
3	N/A since none dropped	Sep 18, 2010 4:20 PM
4	n/a	Sep 18, 2010 4:25 PM
5	this option needs a check box	Sep 18, 2010 4:29 PM
6	na	Sep 18, 2010 5:01 PM
7	unsure	Sep 19, 2010 1:30 AM
8	Don't know, just dropped an HMO and joined a busier HMO	Sep 19, 2010 5:29 AM
9	You are kidding, I am > 68 medicare and medicaid. I have high no pay. I ned every commerical plan	Sep 19, 2010 5:58 AM
10	I am in state university setting and all negotiations are done without my direct input	Sep 19, 2010 6:42 PM
11	Net decrease but still working as hard.	Sep 20, 2010 1:30 PM
12	I am hospital employed so have no say in this	Sep 20, 2010 8:42 PM
13	not sure. easier to not have to deal with some difficult insurances	Sep 20, 2010 9:50 PM
14	unsure	Oct 5, 2010 7:01 PM

Question 20

2010 HEALTH POLICY SURVEY

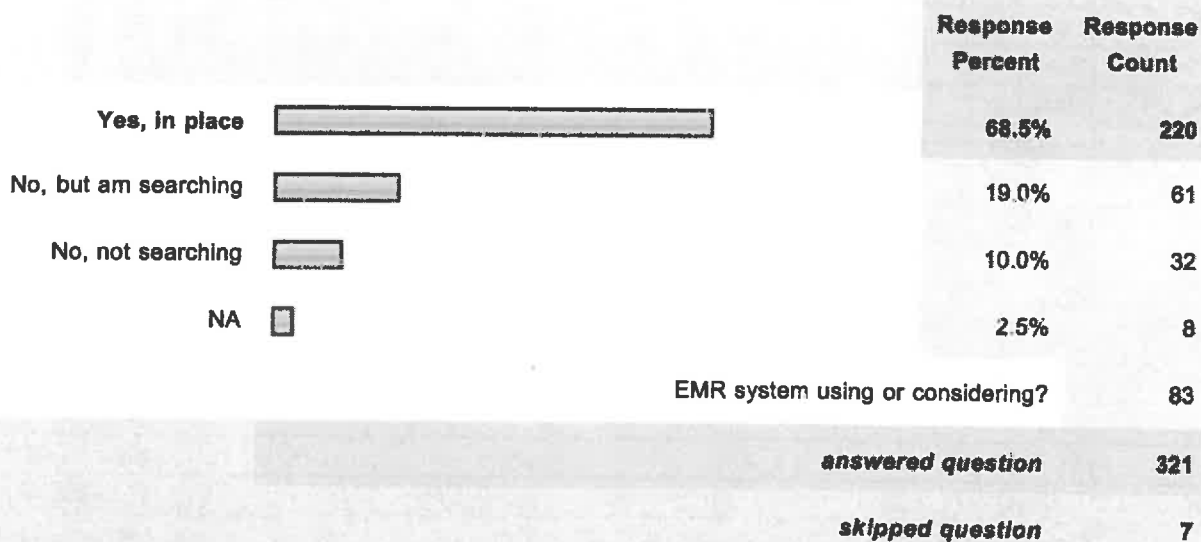


Which CPT codes and which payer?		
1	pathology - Cigna	Sep 18, 2010 4:20 PM
2	53850	Sep 18, 2010 4:37 PM
3	hospital prohibition	Sep 18, 2010 6:39 PM
4	PCA3 in culinary untion patients	Sep 18, 2010 9:52 PM
5	57288, 50590/Aetna, Cigna, Uniform	Sep 18, 2010 11:34 PM
6	XRAY,	Sep 19, 2010 1:30 AM
7	TUMT from CIGNA, Aetna	Sep 19, 2010 2:57 PM
8	For majority of cases this is true although occasionally there may be limitations.	Sep 19, 2010 6:42 PM
9	90901-90911 Regents (?)	Sep 20, 2010 9:47 PM
10	52852 from john muir IPA (HMO)	Sep 21, 2010 4:24 PM
11	Local IPA with medicare advantage will not authorize bulking agent for ISD. (Durasphere)	Oct 2, 2010 10:35 PM
12	imaging-- United Health, Cigna	Oct 4, 2010 3:28 AM
13	Medicare and all mother payers do not pay for any office supplies.	Oct 4, 2010 4:20 AM
14	We haven't been able to collect techinal component for in office ultrasound from our HMO group	Oct 4, 2010 5:22 AM
15	53852 john muir physician network HMO	Oct 4, 2010 2:37 PM
16	HMOS	Oct 4, 2010 8:37 PM

Question 22

2010 HEALTH POLICY SURVEY

**Do you have an Electronic Medical Record (EMR) system in place?  
Actively searching?**



EMR system using or considering?		
1	eMDs	Sep 18, 2010 4:20 PM
2	nextgen	Sep 18, 2010 4:29 PM
3	no	Sep 18, 2010 5:11 PM
4	alteer	Sep 18, 2010 5:17 PM
5	Greenway	Sep 18, 2010 5:24 PM
6	Allscripts Professional EHR	Sep 18, 2010 5:32 PM
7	Meridian EMR	Sep 18, 2010 5:54 PM
8	Next Gen	Sep 18, 2010 6:39 PM
9	GE Centricity	Sep 18, 2010 6:50 PM
10	Sage Intergy	Sep 18, 2010 7:18 PM
11	meridian, allscripts	Sep 18, 2010 7:49 PM
12	EPIC	Sep 18, 2010 7:52 PM
13	urocharts	Sep 18, 2010 8:59 PM
14	Epic	Sep 18, 2010 9:13 PM
15	ALLSCRIPTS	Sep 18, 2010 9:15 PM
16	Sage	Sep 18, 2010 9:54 PM
17	centricity	Sep 18, 2010 11:11 PM
18	NEXT GEN, EPIC (hospital choice, contol issues)	Sep 19, 2010 1:30 AM
19	E md's	Sep 19, 2010 3:28 AM
20	Practice fusion	Sep 19, 2010 3:56 AM
21	Meridian. This system was sold as a ready to go, out of the box system, but it is far from ready. This emr has been the most stressful thing in my medical career in the last 20 years.	Sep 19, 2010 4:34 AM
22	Centricity	Sep 19, 2010 5:58 AM

### Question 22

EMR system using or considering?		
23	Prime clinical	Sep 19, 2010 2:22 PM
24	Meridian EMR	Sep 19, 2010 3:44 PM
25	Yes, but not certified or compliant with "Meaningful Use" standards	Sep 19, 2010 5:33 PM
26	Epic for over 5 years.	Sep 19, 2010 6:59 PM
27	Epic.	Sep 19, 2010 7:15 PM
28	eclinicalworks	Sep 19, 2010 7:47 PM
29	Urochart	Sep 19, 2010 9:00 PM
30	NextGen	Sep 20, 2010 4:49 AM
31	eClinical works	Sep 20, 2010 6:11 AM
32	DocLinks	Sep 20, 2010 1:30 PM
33	aprima	Sep 20, 2010 1:47 PM
34	Cerner	Sep 20, 2010 1:47 PM
35	cerner	Sep 20, 2010 2:12 PM
36	Meridian	Sep 20, 2010 2:21 PM
37	Greenway	Sep 20, 2010 2:31 PM
38	epic	Sep 20, 2010 2:57 PM
39	EPIC	Sep 20, 2010 4:09 PM
40	EPIC	Sep 20, 2010 5:03 PM
41	Implementing now.	Sep 20, 2010 5:46 PM
42	powerpoint,alscripts	Sep 20, 2010 6:15 PM
43	Intergy	Sep 20, 2010 7:24 PM
44	Centricity	Sep 20, 2010 8:42 PM
45	EPIC	Sep 20, 2010 9:47 PM
46	Medinotes	Sep 20, 2010 9:50 PM
47	sage	Sep 21, 2010 5:06 AM
48	NexGen	Sep 21, 2010 4:21 PM
49	nextgen	Sep 21, 2010 4:24 PM
50	EPIC	Sep 22, 2010 12:34 AM
51	Cerner (PowerChart) for in-patients; implementing EPIC for out-patients	Sep 22, 2010 1:30 PM
52	Quadramend	Sep 22, 2010 7:12 PM
53	EPIC	Sep 23, 2010 2:41 AM
54	Ramping up to begin using Urocharts in the next 2 months	Sep 24, 2010 8:37 PM
55	epic	Sep 28, 2010 1:48 AM
56	EPIC	Sep 28, 2010 4:41 AM
57	centricity. hate it!	Sep 30, 2010 3:23 AM
58	EPIC	Sep 30, 2010 4:15 PM
59	Cerner	Sep 30, 2010 7:02 PM
60	cerner	Sep 30, 2010 10:43 PM
61	centricity GE	Oct 2, 2010 5:08 AM
62	centricity	Oct 2, 2010 10:01 PM
63	UroChart, Meridian	Oct 2, 2010 10:43 PM
64	patient cdhart manager	Oct 2, 2010 11:28 PM
65	Just starting with Meridian but it is terrible	Oct 3, 2010 1:14 AM
66	Very important.	Oct 3, 2010 1:22 AM
67	EPIC	Oct 3, 2010 4:58 AM







**Question 22**

<b>EMR system using or considering?</b>		
68	UroChart	Oct 3, 2010 4:25 PM
69	allscripts in place	Oct 3, 2010 4:57 PM
70	Urochart	Oct 3, 2010 6:53 PM
71	allscripts	Oct 3, 2010 10:55 PM
72	Nextgen	Oct 4, 2010 3:28 AM
73	Urochart EMR, very expensive and not sure if I can get the incentive money from Govt.	Oct 4, 2010 4:20 AM
74	epic	Oct 4, 2010 4:55 AM
75	Allscripts	Oct 4, 2010 5:22 AM
76	Meridian	Oct 4, 2010 5:24 AM
77	nextgen	Oct 4, 2010 2:37 PM
78	Cerner	Oct 4, 2010 4:20 PM
79	nextgen coming.dna now	Oct 4, 2010 7:48 PM
80	ALLSCRIPTS	Oct 4, 2010 8:37 PM
81	meridian	Oct 4, 2010 10:46 PM
82	hospital based system	Oct 5, 2010 5:49 AM
83	Epic	Oct 5, 2010 11:43 PM

Question 23

2010 HEALTH POLICY SURVEY

If yes, are you satisfied with your EMR's performance?

	Response Percent	Response Count
Completely 	12.6%	39
It's okay 	47.4%	147
No 	12.9%	40
NA 	27.1%	84
	Comments	25
	<b>answered question</b>	<b>310</b>
	<b>skipped question</b>	<b>18</b>

Comments		
1	Horrible decision. Would not recommend allscripts to my worst enemy. More time charting than seeing patients	Sep 18, 2010 9:52 PM
2	Its a great system but it does make us more slow - takes a while to get up to speed.	Sep 19, 2010 12:13 AM
3	it is complicated	Sep 19, 2010 3:28 AM
4	I am just starting.	Sep 19, 2010 3:56 AM
5	I have almost smashed a laptop 5 times in the last year over this emr.	Sep 19, 2010 4:34 AM
6	It slows me down and has increased my expenses	Sep 19, 2010 5:58 AM
7	It is a GE product and it works pretty good but it could use some serious improvements in other areas. It does allow me to bill more but I see less patients, it is a wash financially for us...	Sep 19, 2010 2:57 PM
8	It seems that as soon as I learn the sytem, it's modified or "improved."	Sep 19, 2010 6:59 PM
9	It makes more work for the physicians.	Sep 19, 2010 7:15 PM
10	Hospital is addressing this point...probably moving to EPIC	Sep 20, 2010 5:34 AM
11	EMR adds a good hour or more to my work day.	Sep 20, 2010 1:47 PM
12	Entirely too much expectation/requirements for DOCUMENTATION	Sep 20, 2010 4:09 PM
13	Have not yet gone live.	Sep 20, 2010 5:46 PM
14	all scripts is good,powerpoint in the hospital is horible. it not fot the provider	Sep 20, 2010 6:15 PM
15	I planned to use WiFi to enter the note as I talked to the patient but the Wifi did not work. Also, I have not yet entered PSA's as a graph.	Sep 20, 2010 9:17 PM
16	I spend way too much time doing data entry that could be done by a 5th grader of average intelligence. And, for all my effort, the EMR was not designed to be a data base, and getting any meaningful data out of it for clinical research is cumbersome, if not impossible.	Sep 20, 2010 11:18 PM
17	Time-consuming	Sep 22, 2010 1:30 PM
18	too complex and non intuitive to use easily. spoiled by CPRS which I have used at local VA hospital.	Sep 23, 2010 2:44 PM

### Question 23

Comments		
19	The EMR portion of the software suite is not user friendly, it increases work load on both the nursing and physician staff in the office.	Sep 30, 2010 3:23 AM
20	For mature urologists, it can be a constant irritant.	Sep 30, 2010 7:02 PM
21	its obvious it wasn't developed by a urologist who sees real patients	Oct 3, 2010 1:14 AM
22	takes more time	Oct 3, 2010 6:53 PM
23	certainly is not more efficient. large expense for little tangible financial benefit.	Oct 3, 2010 10:55 PM
24	It slows me down a little, but I my notes serve as letters to referring docs which saves me money.	Oct 4, 2010 5:22 AM
25	HealthConnect is great	Oct 4, 2010 3:38 PM

Question 24

2010 HEALTH POLICY SURVEY

Are you looking for a partner?

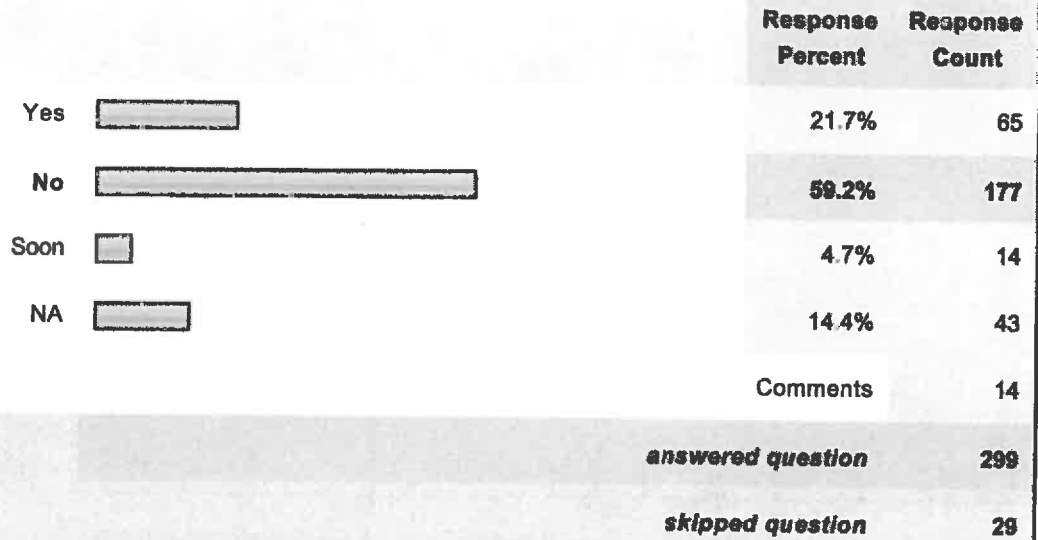
	Response Percent	Response Count
Yes, within a year <input type="checkbox"/>	27.4%	82
Yes, 2-5 years <input type="checkbox"/>	21.7%	65
Not at this time <input type="checkbox"/>	43.8%	131
NA <input type="checkbox"/>	7.0%	21
	Comments	13
	<b>answered question</b>	<b>299</b>
	<b>skipped question</b>	<b>29</b>

Comments		
1	Hospital administration is not supportive of recruitment.	Sep 18, 2010 6:05 PM
2	difficult	Sep 18, 2010 11:36 PM
3	Male and female voiding dysfunction, male fertility	Sep 19, 2010 7:04 PM
4	Infertility.	Sep 19, 2010 7:18 PM
5	will be joining a big group in town soon	Sep 20, 2010 12:31 PM
6	i may need one but i am not sure whether i can afford one with upcoming changes in reimbursement	Sep 20, 2010 4:41 PM
7	Not enough money.	Sep 20, 2010 9:26 PM
8	We've just hired 6 new urologists	Sep 20, 2010 11:21 PM
9	Female urology	Sep 22, 2010 1:32 PM
10	at least one medical (non-operative) urology provider.	Sep 30, 2010 8:18 PM
11	can't afford to pay one but can't afford not to have one	Oct 3, 2010 6:06 PM
12	was just able to recruit a partner	Oct 3, 2010 11:01 PM
13	our new larger practice will be recruiting	Oct 4, 2010 5:29 AM

Question 25

2010 HEALTH POLICY SURVEY

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



Comments		
1	considering switching to different group	Sep 18, 2010 6:42 PM
2	considering only . . . .	Sep 19, 2010 12:17 AM
3	always looking	Sep 19, 2010 1:34 AM
4	Merged 3 years ago.	Sep 19, 2010 4:38 AM
5	We merged to create a large group last year with significant success...	Sep 19, 2010 3:03 PM
6	considering merging with hospital	Sep 19, 2010 3:25 PM
7	i have not merged, but it seems inevitable that we need to merge to be able to negotiate contracts	Sep 19, 2010 7:50 PM
8	our group may merge with another mercy group	Sep 20, 2010 6:22 PM
9	In the process of forming a super group.	Sep 24, 2010 8:40 PM
10	considering	Oct 3, 2010 1:18 AM
11	couple years ago. it has been helpful in keeping up with regulatory requirements etc.	Oct 3, 2010 11:01 PM
12	7 practices now are one - total of 15 urologists	Oct 4, 2010 5:29 AM
13	7 years ago	Oct 4, 2010 7:53 PM
14	15 MAN UROLOGY GROUP	Oct 4, 2010 8:37 PM

Question 28

2010 HEALTH POLICY SURVEY

Have you or are you adding ancillary services? (select all that apply)

	Response Percent	Response Count
IMRT <input type="checkbox"/>	10.4%	31
CT <input type="checkbox"/>	8.7%	26
Path Lab <input type="checkbox"/>	17.1%	51
None <input type="checkbox"/>	79.9%	239
Other (please specify)		13
<b>answered question</b>		<b>299</b>
<b>skipped question</b>		<b>29</b>

Other (please specify)		
1	I do plain film urethral imaging	Sep 18, 2010 11:09 PM
2	Research	Sep 19, 2010 3:03 PM
3	hope to join a group to be able to do this	Sep 19, 2010 3:16 PM
4	ultrasound	Sep 19, 2010 3:25 PM
5	Renal ultrasound	Sep 20, 2010 2:07 PM
6	Already have 1 ARNP, 1 PA, 2 NDs	Sep 20, 2010 5:50 PM
7	it's already within the hospital system	Sep 20, 2010 6:22 PM
8	work at multispecialty group	Sep 28, 2010 4:46 AM
9	Already in a large multi-specialty practice.	Sep 30, 2010 8:18 PM
10	Unsure of the future legality or feasibility	Oct 3, 2010 11:01 PM
11	CT in the IMRT center - mostly for simulation	Oct 4, 2010 5:29 AM
12	already have path	Oct 4, 2010 7:53 PM
13	LITHO SERVICES	Oct 4, 2010 8:37 PM

Question 29

2010 HEALTH POLICY SURVEY

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

	Response Percent	Response Count
Private practice, urology solo <input type="checkbox"/>	19.4%	58
Private practice, urology group or network <input type="checkbox"/>	32.1%	96
Private practice, multi-specialty group <input type="checkbox"/>	13.4%	40
Straight salary (academic, military, VA) <input type="checkbox"/>	18.7%	56
HMO staff (salary plus incentives) <input type="checkbox"/>	9.4%	28
Other (please specify) <input type="checkbox"/>	8.4%	25
<b>answered question</b>		<b>299</b>
<b>skipped question</b>		<b>29</b>

Other (please specify)		
1	University	Sep 18, 2010 4:19 PM
2	mixed private practice/salary	Sep 18, 2010 4:32 PM
3	hospital employed	Sep 18, 2010 4:34 PM
4	Currently, not employed.	Sep 18, 2010 4:53 PM
5	salary multispecialty group affiliated with hospital	Sep 18, 2010 6:42 PM
6	until retirement	Sep 18, 2010 9:26 PM
7	DoD	Sep 18, 2010 10:21 PM
8	academic, but control my billing and contracting	Sep 18, 2010 11:09 PM
9	University academic. But pts pay cash upfront	Sep 18, 2010 11:55 PM
10	affiliated with group of rad onc and oncologists	Sep 19, 2010 3:26 AM
11	Indep. Contractor w/ county hospital	Sep 19, 2010 5:11 AM
12	Perform clinical research, about 65% of income	Sep 19, 2010 5:38 AM
13	VA part time	Sep 19, 2010 6:07 AM
14	resident, paid by GME through medicare funding	Sep 19, 2010 5:32 PM
15	Academic with incentive clause.	Sep 19, 2010 7:04 PM
16	Hospital owned base salary with incentives	Sep 20, 2010 8:45 PM
17	Hospital based/owned, multi-specialty group	Sep 20, 2010 9:50 PM
18	Kaiser, staff model HMO, NO incentives	Sep 20, 2010 11:21 PM
19	Academic, fee for service	Sep 21, 2010 1:50 PM

### Question 29

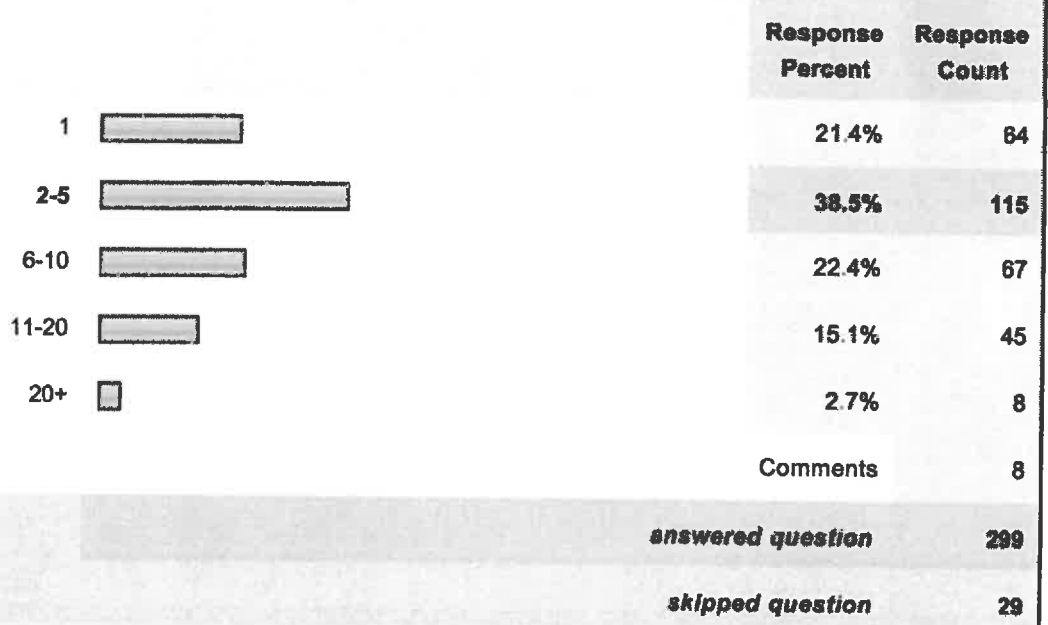
Other (please specify)		
20	DOD Military Hospital	Sep 23, 2010 12:56 AM
21	locum tenens	Sep 28, 2010 9:36 PM
22	academic, salary based on clinical income	Oct 2, 2010 10:23 PM
23	3 of us share expenses in one office.	Oct 3, 2010 7:02 PM
24	Intermountain Healthcare	Oct 4, 2010 2:13 PM
25	(retired)	Oct 4, 2010 7:09 PM



Question 30

2010 HEALTH POLICY SURVEY

How many urologists are in your practice / group?



Comments		
1	Unemployed	Sep 18, 2010 4:53 PM
2	12 docs and 2 PAs	Sep 18, 2010 7:22 PM
3	until retirement	Sep 18, 2010 9:26 PM
4	Number in faculty	Sep 18, 2010 11:09 PM
5	I rent space and administration from a gen. surgical group.	Sep 20, 2010 9:26 PM
6	2 that share space and overhead but separate finacially	Sep 23, 2010 8:12 PM
7	this number will apply by December 1	Sep 24, 2010 8:40 PM
8	(retired)	Oct 4, 2010 7:09 PM

Question 31

2010 HEALTH POLICY SURVEY

Are you compelled to become involved in organized urology?		Response Percent	Response Count
Yes, State	<input type="text"/>	12.4%	37
Yes, Regional	<input type="text"/>	19.1%	57
Yes, National	<input type="text"/>	23.7%	71
No Interest	<input type="text"/>	44.8%	134
		Comments	25
		<b>answered question</b>	<b>299</b>
		<b>skipped question</b>	<b>29</b>

Comments		
1	somewhat if had time	Sep 18, 2010 4:34 PM
2	CA	Sep 18, 2010 5:49 PM
3	dont know	Sep 18, 2010 6:04 PM
4	WA	Sep 18, 2010 6:16 PM
5	retired and,therefore, out of the loop	Sep 18, 2010 9:26 PM
6	CA	Sep 18, 2010 9:59 PM
7	well, if the WS-AUA wants me to have a role now that I am no longer on the board. I keep asking :)	Sep 18, 2010 11:09 PM
8	CA	Sep 19, 2010 12:31 AM
9	not applicable in my setting	Sep 19, 2010 8:16 AM
10	I've been involved at all levels.	Sep 19, 2010 7:04 PM
11	Was involved but little success	Sep 19, 2010 7:25 PM
12	CA	Sep 20, 2010 5:19 AM
13	Already involved local/regional/national	Sep 20, 2010 5:36 AM
14	OR	Sep 20, 2010 3:07 PM
15	i think i have to. this is no longer a choice matter. the problem is in some of the old guys who cannot retire, yet do not want to participate but reap the benefits of younger guys.	Sep 20, 2010 4:41 PM
16	all of the above	Sep 20, 2010 8:45 PM
17	Problems noted above. Flouroscopy etc.	Sep 20, 2010 9:26 PM
18	CA	Sep 22, 2010 4:33 PM
19	Yes, yes and yes. Could I be more involved?	Sep 24, 2010 8:40 PM
20	Already involved!	Oct 2, 2010 10:23 PM
21	CA	Oct 2, 2010 10:43 PM
22	Also involved regionally and at the state level.	Oct 2, 2010 10:48 PM
23	believe it has been for most part ineffectual	Oct 3, 2010 3:39 AM






### Question 31

Comments		
24	should allow more then one response. I am involved in national, state, and region.	Oct 3, 2010 7:02 PM
25	after finishing with current medical staff president position	Oct 3, 2010 11:01 PM

Question 33

2010 HEALTH POLICY SURVEY

How would you rate the overall relevance, quality and value of the Western Section annual meetings?

	Response Percent	Response Count
Good 	36.8%	110
Average 	13.0%	39
Excellent 	26.8%	80
Poor 	2.3%	7
Don't Attend 	21.1%	63
Comments		27
<b>answered question</b>		<b>299</b>
<b>skipped question</b>		<b>29</b>

Comments		
1	I have not had the opportunity to attend yet, due to practice obligations.	Sep 18, 2010 4:14 PM
2	attended in several years-cost.	Sep 18, 2010 4:53 PM
3	Going to my first this Oct.	Sep 18, 2010 5:03 PM
4	I am a new member	Sep 18, 2010 5:28 PM
5	a bit long, getting harder to attend due to pressures to work	Sep 18, 2010 11:09 PM
6	would like to go at some point	Sep 19, 2010 3:26 AM
7	frequently at same time as other meeting i must attend	Sep 19, 2010 3:32 AM
8	WSAUA meetings are top notch.	Sep 19, 2010 3:33 AM
9	Need more recreational games in the booth area	Sep 19, 2010 5:25 AM
10	Not nearly as academiv as AUA	Sep 19, 2010 5:38 AM
11	Have not been able to attend, difficult to arrange coverage	Sep 19, 2010 6:07 AM
12	The timing of the WSAUA is always difficult for me	Sep 19, 2010 1:18 PM
13	less beneficial to me as I do pediatric urology	Sep 19, 2010 3:25 PM
14	this will be my first, so unsure	Sep 19, 2010 5:32 PM
15	Too expensive for the most part, but I will attend this year for the 1st time.	Sep 19, 2010 5:37 PM
16	excellent meeting but rarely attend due to other commitments	Sep 20, 2010 12:31 PM
17	By attending annually I can watch the evolution of the scientific positions of subspecialists.	Sep 20, 2010 9:26 PM
18	superb mix of content, social activities and location aw well as value	Sep 23, 2010 2:55 PM
19	new to the area. have not had a chance to attend.	Sep 23, 2010 4:43 PM
20	could be more relevant and have more research content need some economic forums	Sep 30, 2010 4:08 PM
21	A lot of urologists favorite meeting , including mine.	Sep 30, 2010 8:18 PM

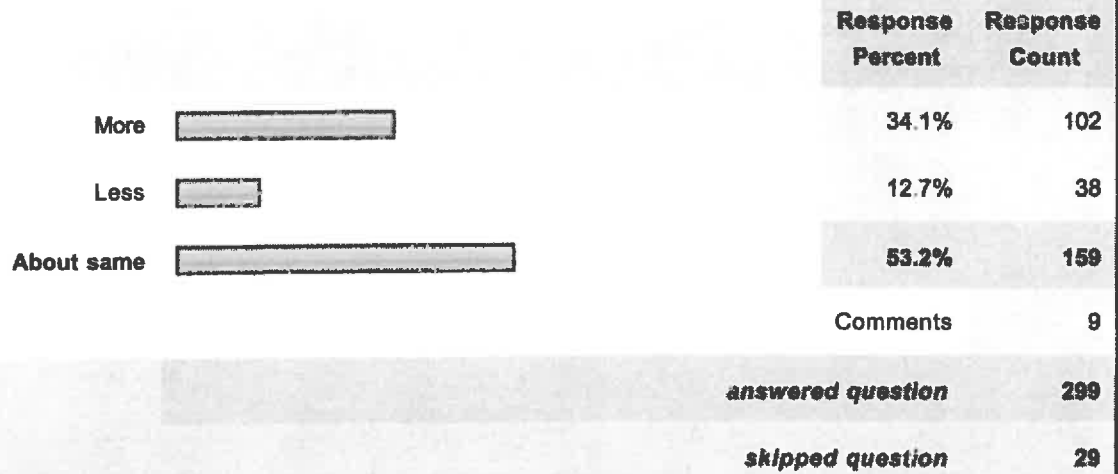
### Question 33

Comments		
22	Minimal pediatrics	Oct 2, 2010 9:46 PM
23	Needs to be shorter. I feel flooded with abstracts, few which are clinically relevant. Sure residents need to publish, but cant you cull the 50 most useful/relevant into one session. I am not paying to dig for info!	Oct 2, 2010 10:55 PM
24	I have not recently attended the annual meetings of the Western Section because of dates conflicts	Oct 2, 2010 11:01 PM
25	Costs too much so I go to the AUA national meeting only	Oct 3, 2010 1:18 AM
26	have not yet attended a Western Section meeting	Oct 3, 2010 6:06 PM
27	More of a social meeting	Oct 4, 2010 5:29 AM

Question 34

2010 HEALTH POLICY SURVEY

Do you feel the educational programs offered at WSAUA meetings will become more or less important to you professionally in coming years?



Comments		
1	Have not attended meeting since Kauai meeting	Sep 19, 2010 6:07 AM
2	There needs to be more focus on health policy and practice issues. The meetings in all sections are mainly organized by people in academics who, in my opinion, have limited insight to the daily challenges of most of the members. This MUST change or the AUA will fade away...	Sep 19, 2010 3:03 PM
3	plan to attend more when children go to college, have more time	Sep 20, 2010 3:07 PM
4	What you get out depends on what you put in. If your contribute, take home doubles.	Sep 20, 2010 9:26 PM
5	When MOC goes into affect, less likley to attend unless there are review courses.	Sep 20, 2010 9:54 PM
6	especially Xray CME	Sep 20, 2010 10:45 PM
7	To keep up with required certificates, etc.	Sep 30, 2010 8:18 PM
8	Depends upon direction. More focus on legislation and practice management less on how to make a neobladder or do a robotic prostatectomy.	Oct 2, 2010 10:23 PM
9	As more urologists age or become employed this could affect relevance	Oct 3, 2010 7:02 PM

Question 35

2010 HEALTH POLICY SURVEY

Are there any specific topics, courses, suggestions, etc. you would like us to include at future meetings?

Response  
Count

87

answered question

87

skipped question

241

Response Text

Response Text		
1	image-guided therapies	Sep 18, 2010 4:28 PM
2	no	Sep 18, 2010 4:31 PM
3	patients are very interested in new vaccines--AUA plenary session on immunotherapy very helpful	Sep 18, 2010 4:34 PM
4	None I am aware of.	Sep 18, 2010 4:53 PM
5	no	Sep 18, 2010 4:54 PM
6	no	Sep 18, 2010 5:03 PM
7	urodynamics	Sep 18, 2010 5:14 PM
8	Medical economics, practice management / optimization, Lean / Six Sigma / Kaizen as applicable to GU.	Sep 18, 2010 5:36 PM
9	Live surgery. Resident courses.	Sep 18, 2010 5:44 PM
10	None	Sep 18, 2010 5:54 PM
11	Medical Tourism? What is that?	Sep 18, 2010 6:11 PM
12	Discussion on latest Rx options and equipments.	Sep 18, 2010 6:23 PM
13	xray program as is being done for CA CME requirements	Sep 18, 2010 6:42 PM
14	More practice management and legislative seminars	Sep 18, 2010 6:54 PM
15	infertility	Sep 18, 2010 7:52 PM
16	Economic issues	Sep 18, 2010 7:54 PM
17	business, regulatory, ancillary service	Sep 18, 2010 8:10 PM
18	large urology group symposiums	Sep 18, 2010 8:29 PM
19	very little pediatric urology	Sep 18, 2010 9:15 PM
20	no	Sep 18, 2010 9:18 PM
21	no	Sep 18, 2010 9:26 PM
22	no	Sep 18, 2010 9:54 PM
23	EHR / Meaningful use issues Urologist taking back control of our patients with AUA / WSAUA being more in touch with day-to-day issues of private practice.	Sep 18, 2010 9:59 PM
24	interstitial cystitis	Sep 18, 2010 9:59 PM
25	infertility, reconstructive urology	Sep 18, 2010 10:21 PM
26	None	Sep 18, 2010 10:38 PM
27	No	Sep 18, 2010 11:55 PM

### Question 35

Response Text		
28	Assess impact of single-payer/government insurance (eg Canadian model) to US.	Sep 19, 2010 12:11 AM
29	no	Sep 19, 2010 1:34 AM
30	no	Sep 19, 2010 3:26 AM
31	NOne specific	Sep 19, 2010 4:50 AM
32	Practice management	Sep 19, 2010 5:25 AM
33	Botox for OAB, BPH, ultrasound and radiology certificates so we can perform in our office.	Sep 19, 2010 5:38 AM
34	Have not attended meeting in over 5 years due to lack of coverage	Sep 19, 2010 6:07 AM
35	none	Sep 19, 2010 8:16 AM
36	MORE health policy. MORE basic urologic disease state presentations, (UTI's, pelvic pain, etc.) and LESS CANCER. There needs to be more balance of types of disease's treated. As an example, We are dealing with an epidemic of antibiotic resistant UTI's and very little attention is given at meetings on strategies to address this.	Sep 19, 2010 3:03 PM
37	don't know	Sep 19, 2010 3:16 PM
38	How to negotiate insurance contracts	Sep 19, 2010 3:47 PM
39	Hands-on U/S courses	Sep 19, 2010 6:46 PM
40	help with reimbursement	Sep 19, 2010 7:00 PM
41	The value of the meeting is that all economic and subspecialty areas are covered in one place.	Sep 19, 2010 7:04 PM
42	1) Urology specific Coding 2) Superbill design and office and hospital based management 3) Medi-Cal management	Sep 19, 2010 7:25 PM
43	None	Sep 20, 2010 5:13 AM
44	no specific suggestions	Sep 20, 2010 5:36 AM
45	none	Sep 20, 2010 12:11 PM
46	it should be more clinical usefulness based and business related, like any other business organization meetings.	Sep 20, 2010 4:41 PM
47	no	Sep 20, 2010 5:05 PM
48	As much "State of the Art" content as possible.	Sep 20, 2010 7:28 PM
49	no	Sep 20, 2010 8:34 PM
50	The use of robotics for consultations at a distance i.e. I would like a robot arm to have an ultrasound probe on it plus sensitivity to pressure, palpation, haptic value.	Sep 20, 2010 9:26 PM
51	Pediatric Urology	Sep 20, 2010 9:50 PM
52	Focused review courses for MOC and practice	Sep 20, 2010 9:54 PM
53	XRAY CME	Sep 20, 2010 10:45 PM
54	better venues..(location).. practice management, coding billing. best practice review.	Sep 21, 2010 2:46 AM
55	Socioeconomic issues	Sep 21, 2010 8:29 AM
56	General medical healthcare.	Sep 21, 2010 1:50 PM
57	updates on trauma	Sep 22, 2010 7:15 PM
58	The board review mini courses are great. Enjoy the video/practical courses. How about a "New Technologies" section? with reviews -	Sep 24, 2010 4:51 AM
59	no	Sep 28, 2010 11:47 AM
60	practice options after age 65 or reentry after retirement.	Sep 28, 2010 9:06 PM
61	More practice guideline/state of the art lectures, less poster/abstract presentations	Sep 29, 2010 8:51 PM



### Question 35

Response Text		
62	Updates on impact of health care reforms, etc. Technology updates	Sep 30, 2010 8:18 PM
63	no	Sep 30, 2010 10:45 PM
64	none	Oct 2, 2010 9:02 PM
65	impotence and incontinence surgery -- how to do it not how to diagnose and treat	Oct 2, 2010 9:36 PM
66	Peds GU	Oct 2, 2010 9:46 PM
67	Guidelines, advice, pitfalls of using NP's, PA's	Oct 2, 2010 9:58 PM
68	Robotics	Oct 2, 2010 10:05 PM
69	See above	Oct 2, 2010 10:23 PM
70	Happy with the choices. Don't increase the industry sponsored presentations any more than they are.	Oct 2, 2010 10:48 PM
71	Separate the wheat from the chaff. Teach residents some finance so they can run their practice; not all of them will end up as salaried academics.	Oct 2, 2010 10:55 PM
72	NEED THE XRAY FOR CALIFORNIA LICENSE	Oct 2, 2010 10:59 PM
73	Metastatic renal cancer	Oct 3, 2010 12:06 AM
74	Ca prostates	Oct 3, 2010 1:33 AM
75	More review courses aimed towards passing re-certification boards	Oct 3, 2010 4:27 AM
76	More pediatric urology	Oct 3, 2010 4:40 AM
77	health care policy	Oct 3, 2010 3:54 PM
78	More state of the art or point counter point discussions.	Oct 3, 2010 7:02 PM
79	none	Oct 3, 2010 7:26 PM
80	female sexual dysfunction	Oct 3, 2010 9:55 PM
81	coding seminars would be helpful	Oct 4, 2010 4:12 AM
82	I believe this already exists, but a course to satisfy the state recert for fluoroscopy would be helpful	Oct 4, 2010 5:29 AM
83	Health care policy; international medical care	Oct 4, 2010 2:56 PM
84	maybe financial planning help....	Oct 4, 2010 6:02 PM
85	More female urology	Oct 4, 2010 8:51 PM
86	nutrition and its impact on urological issues	Oct 4, 2010 10:49 PM
87	reconstructive surgery advanced laparoscopy	Oct 5, 2010 5:53 AM

