

# 2012 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 7, 2012 – Hilton Waikoloa Village, Hawaii



# 2012 Health Policy Committee



**Chairman:** Jeffrey E. Kaufman, M.D., Santa Ana, CA

Robert G. Carlile, M.D.	District 1
Jeffrey M. Frankel, M.D.	District 2
Michael J. Conlin, M.D.	District 3
Joseph R. Kuntze, M.D.	District 4
Demetrios Simopoulos M.D.	District 5
Philip I. Weintraub, M.D.	District 6
Dean A. Hadley, M.D.	District 7
Howard P. Tay, M.D.	District 8
Robert B. McBeath, M.D.	District 9
Aaron Spitz, M.D.	District 10

Copyright©2012 by the Western Section American Urological Association, Inc. All rights reserved. Except as permitted under the United States Copyright Act of 1976, no part of this publication may be reproduced or distributed in any form or by any means, or stored in a database or retrieval system, without the prior written permission of the publisher.

Published by the Western Section American Urological Association, Inc.  
1950 Old Tustin Avenue, Santa Ana, CA 92705. Call 714-550-9155 to order copies.



## **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

**RESPONSE COMMENTS  
TO QUESTIONS**

---



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

		Response Percent	Response Count
Yes, totally satisfied		14.3%	45
Evenly satisfied and dissatisfied		13.3%	42
<b>Mostly satisfied</b>		<b>61.3%</b>	<b>193</b>
Not at all satisfied		2.5%	8
Mostly dissatisfied		8.6%	27
	Comments		26
	<b>answered question</b>		<b>315</b>
	<b>skipped question</b>		<b>0</b>


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

		Response Percent	Response Count
Yes, totally satisfied		9.5%	30
Evenly satisfied and dissatisfied		19.4%	61
<b>Mostly satisfied</b>		<b>48.3%</b>	<b>152</b>
Not at all satisfied		6.7%	21
Mostly dissatisfied		16.2%	51
	Comments		23
	<b>answered question</b>		<b>315</b>
	<b>skipped question</b>		<b>0</b>

### 3. 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		41.0%	129
Yes but pessimistic		43.2%	136
No but optimistic		6.7%	21
No and pessimistic		9.2%	29
	Comments		25
		<b>answered question</b>	<b>315</b>
		<b>skipped question</b>	<b>0</b>

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

		Response Percent	Response Count
Not a chance		64.4%	203
Thinking about it		23.8%	75
It's in the works		11.7%	37
	Comments		33
		<b>answered question</b>	<b>315</b>
		<b>skipped question</b>	<b>0</b>



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

	Response Percent	Response Count
No change	49.8%	157
Join group practice	11.4%	36
Add more partners	10.8%	34
Work less/retire	23.2%	73
Change career	4.8%	15
Other/Comments		44
<b>answered question</b>		<b>315</b>
<b>skipped question</b>		<b>0</b>

**6. Please rank the issues below in terms of how they affect your economic viability.**

	It's killing me	Major impact	Minor impact	No impact	Rating Average	Response Count
Ancillary revenue partnership restrictions	3.5% (11)	24.4% (77)	31.7% (100)	40.3% (127)	3.09	315
Manpower, finding new partners	1.9% (6)	25.2% (79)	32.3% (101)	40.6% (127)	3.12	313
Competition and/or encroachment from non-urologists	2.2% (7)	17.8% (56)	47.8% (150)	32.2% (101)	3.10	314
Reimbursements cuts for Medicare patients	27.7% (87)	48.7% (153)	14.3% (45)	9.2% (29)	2.05	314
Medical malpractice insurance	4.2% (13)	17.9% (56)	52.7% (165)	25.2% (79)	2.99	313
Other						17
<b>answered question</b>						<b>315</b>
<b>skipped question</b>						<b>0</b>





## 7. Have you experienced a decrease in BPH referrals in 2012?

		Response Percent	Response Count
Yes, a 0-10% decrease		14.0%	43
Yes, a 11-15% decrease		13.3%	41
Yes, a 16-20% decrease		13.3%	41
Yes, >21% decrease		9.4%	29
<b>No decrease</b>		<b>36.4%</b>	<b>112</b>
N/A		13.6%	42
	Comment		48
	<b>answered question</b>		<b>308</b>
	<b>skipped question</b>		<b>7</b>

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

		Response Percent	Response Count
<b>Yes</b>		<b>44.3%</b>	<b>137</b>
No		43.4%	134
Unsure		12.3%	38
	Comments		19
	<b>answered question</b>		<b>309</b>
	<b>skipped question</b>		<b>6</b>

**9. Given the potential of a 31% decrease in Medicare, do you plan to continue on being a participating provider with Medicare?**

		Response Percent	Response Count
Yes		42.3%	131
No		16.1%	50
Unsure		33.9%	105
N/A		7.7%	24
	Comments		36
	answered question		310
	skipped question		5

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

		Response Percent	Response Count
Yes		31.1%	96
No		26.9%	83
Unsure		28.2%	87
N/A		13.9%	43
	answered question		309
	skipped question		6

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

		Response Percent	Response Count
Yes, in place		85.9%	267
No, but am searching		8.0%	25
No, not searching		5.1%	16
NA		1.0%	3
EMR system using or considering?			83
answered question			311
skipped question			4

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

		Response Percent	Response Count
Completely		15.6%	47
It's okay		52.8%	159
No		20.6%	62
NA		11.0%	33
Comments			25
answered question			301
skipped question			14





**13. Will you qualify for "Meaningful Use" financial bonus for your EHR in 2012?**

		Response Percent	Response Count
Yes		52.1%	159
No		12.1%	37
Unsure		23.3%	71
N/A		12.5%	38
	Other (please specify)		8
	<b>answered question</b>		<b>305</b>
	<b>skipped question</b>		<b>10</b>




**14. How do you find the use of EHR has impacted your practice? (please check all that apply)**

		Response Percent	Response Count
Positive impact		48.8%	140
Negative impact		19.2%	55
Significantly slowed performance		50.5%	145
Enhanced revenues		7.0%	20
	Comments		39
	<b>answered question</b>		<b>287</b>
	<b>skipped question</b>		<b>28</b>



### 15. Are you looking for a partner?

		Response Percent	Response Count
Yes, within a year		25.3%	77
Yes, 2-5 years		18.1%	55
Not at this time		50.3%	153
NA		6.3%	19
	Comments		12
	answered question		304
	skipped question		11





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

		Response Percent	Response Count
Yes		29.6%	90
No		68.8%	209
Soon		1.6%	5
	Comments		12
	answered question		304
	skipped question		11

**17. 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 	33.6%	102
No 	62.2%	189
NA 	4.3%	13
Comments		19
<b>answered question</b>		<b>304</b>
<b>skipped question</b>		<b>11</b>

**18. Do you currently have or are you planning to add ancillary services? (select all that apply)**

	Response Percent	Response Count
IMRT 	16.8%	51
CT 	12.8%	39
Path Lab 	20.7%	63
None 	74.7%	227
Other (please specify)		18
<b>answered question</b>		<b>304</b>
<b>skipped question</b>		<b>11</b>

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





	Response Count
	87
answered question	87
skipped question	228

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

	Response Percent	Response Count
Private practice, urology solo <input type="checkbox"/>	15.5%	47
Private practice, urology group or network <input checked="" type="checkbox"/>	40.1%	122
Private practice, multi-specialty group <input type="checkbox"/>	13.2%	40
Straight salary (academic, military, VA) <input type="checkbox"/>	17.1%	52
HMO staff (salary plus incentives) <input type="checkbox"/>	9.9%	30
Other (please specify) <input type="checkbox"/>	9.2%	28
answered question		304
skipped question		11



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

		Response Percent	Response Count
1		15.8%	48
2-5		38.5%	117
6-10		18.1%	55
11-20		21.1%	64
20+		6.6%	20
<b>answered question</b>			<b>304</b>
<b>skipped question</b>			<b>11</b>






## 22. For your CME needs, do you generally prefer attending meetings or taking online courses?

		Response Percent	Response Count
Attending meetings		66.4%	202
Online courses		14.8%	45
No preference		18.8%	57
<b>Comments</b>			<b>13</b>
<b>answered question</b>			<b>304</b>
<b>skipped question</b>			<b>11</b>

**23. How often do you attend Western Section meetings? (select all that apply)**

	Response Percent	Response Count
Never 	9.9%	30
Rarely, once every 5-10 years 	30.9%	94
<b>As often as I can</b> 	<b>47.0%</b>	<b>143</b>
Mostly when it's in Hawaii 	17.1%	52
If never or rarely, please tell us why		38
	<b>answered question</b>	<b>304</b>
	<b>skipped question</b>	<b>11</b>

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

	Response Percent	Response Count
<b>Good</b> 	<b>35.5%</b>	<b>108</b>
Average 	15.5%	47
Excellent 	29.9%	91
Poor 	3.9%	12
Don't Attend 	15.1%	46
	Comments	9
	<b>answered question</b>	<b>304</b>
	<b>skipped question</b>	<b>11</b>

**Page 1, Q1. Are you are professionally (clinically) satisfied with your practice?**

1	Like medical work; hate government and payor imposed work	Sep 13, 2012 4:58 PM
2	expanded number of providers too fast	Sep 13, 2012 3:03 PM
3	I am scared of the direction of healthcare and if I will even be able to pat back my student loans	Sep 13, 2012 2:00 PM
4	But incurring a lot more general stress...financially.	Sep 13, 2012 8:21 AM
5	va practice	Sep 12, 2012 5:17 AM
6	Patients are more demanding now and have an "entitlement" mentality. This and paperwork challenges have reduced my satisfaction.	Sep 11, 2012 9:41 PM
7	I have a monopoly and so everything is done they way I think it should be done.	Sep 6, 2012 8:21 PM
8	Main frustrations have to do with hospital administrative issues including OR access.	Sep 6, 2012 7:48 PM
9	currently Retired	Sep 5, 2012 11:21 AM
10	Business part of practice has become more interesting since forming a large group.	Sep 3, 2012 1:44 PM
11	I am retired	Sep 3, 2012 12:39 PM
12	love curing disease ...hate not getting paid	Sep 3, 2012 9:25 AM
13	Noticably losing interest.	Aug 29, 2012 2:01 PM
14	TOO MUCH GOVERNMENT INTERVENTION	Aug 28, 2012 9:44 PM
15	EHR is having a negative impact on quality of care and Physician satisfaction.	Aug 28, 2012 3:44 PM
16	Getting tired of so many entities watching everything we do. Feels like I look back more than forward in practice.	Aug 28, 2012 1:33 PM
17	I work more hours than I'd like	Aug 27, 2012 10:28 PM
18	I'm weary of the various HMO plans	Aug 27, 2012 8:02 PM
19	need less paper work too much over documentation needed to satisfy national dataa bases	Aug 27, 2012 6:56 PM
20	But thinking about retirement	Aug 27, 2012 3:23 PM
21	Learning new EHR system difficult	Aug 27, 2012 12:38 PM
22	I really enjoy the practice of urology--but this emr shit is killing me...because I refuse to enter data "real time" with the patient in front of me. I find that interferes with our relationship. Ergo, I spend 90 minutes at the end of the day being a computer clerk.	Aug 27, 2012 11:07 AM
23	Pressures on the viability of the practice are increasing	Aug 27, 2012 9:37 AM

**Page 1, Q1. Are you are professionally (clinically) satisfied with your practice?**

24	I am now working for a clinic and partially retired.	Aug 27, 2012 7:11 AM
25	I am constantly worried about payment cuts and lawsuits and inconsistencies of the practice. The small practice model is dying soon and even large group model is probably not safe.	Aug 26, 2012 6:24 PM
26	Regulation and federal policy are making it difficult to practice and negatively affecting professional satisfaction.	Aug 26, 2012 4:46 PM

Page 1, Q2. Are you financially satisfied with your urologic practice?

1	I also do clinical research that supplements my income.	Sep 13, 2012 11:49 PM
2	Less pay but unemployment is worse	Sep 13, 2012 4:58 PM
3	worried about future	Sep 13, 2012 3:03 PM
4	I feel like I will go belly up in a few years if all the changes proposed do occur	Sep 13, 2012 2:00 PM
5	dropping reimbursments. Increasing Gov. & Ins. Co challenges to charges	Sep 13, 2012 1:47 PM
6	Large hospital in town attempting to take over large multispeciality clinic 40 paying overhead of 110.	Sep 13, 2012 12:14 PM
7	see above	Sep 13, 2012 8:21 AM
8	Work very hard and I feel I am compensated fairly at the current rates. However, any cuts in reimbursement will likely change my mind.	Sep 11, 2012 9:41 PM
9	As part of a MSG, I am not compensated for the "technical" portions of procedures that I perform in the office unlike my private practice bretheren.	Sep 7, 2012 12:31 AM
10	I am retired	Sep 3, 2012 12:39 PM
11	no one pays their bills and i guess its legal	Sep 3, 2012 9:25 AM
12	EHR and ACA regulations are pushing up overhead, cutting income but not providing efficiencies or improving quality.	Aug 28, 2012 3:44 PM
13	reimbursement is moderately low.	Aug 27, 2012 8:02 PM
14	poor practice income is off set by ownership of technology and surgery center ownership	Aug 27, 2012 6:56 PM
15	I do most office urology now, so the economic benefit is pretty dismal. But my partners keep my share of the overhead reasonable.	Aug 27, 2012 11:07 AM
16	Income after expenses are plummeting	Aug 27, 2012 9:37 AM
17	I work less and am paid the same.	Aug 27, 2012 7:11 AM
18	Income decreasing significantly each year despite steady work load	Aug 27, 2012 5:38 AM
19	but need to work harder and longer hours to maintain	Aug 26, 2012 9:41 PM
20	i should be making a lot more, but my wife works, so it evens out.	Aug 26, 2012 8:49 PM
21	Being a doctor is the worst financial decision anyone can make. Medicare patients are so entitled they think you should work for them for free. It is a crime the way doctors are treated in the United States.	Aug 26, 2012 7:34 PM
22	My workload has increased due to EMR and other issues but the income is definitely lower.	Aug 26, 2012 6:24 PM
23	in the military, fixed pay with no room for growth of income	Aug 26, 2012 4:29 PM

**Page 1, Q3. Do you feel that your current practice is viable and will remain so for the next 3-5 years?**

1	The medicare/reimbursement cuts and bundling of payments will be a big challenge	Sep 13, 2012 3:38 PM
2	Will need to expand into surrounding markets	Sep 13, 2012 3:03 PM
3	In group practice.	Sep 13, 2012 8:21 AM
4	I will have to work another two hours a day to keep above water.	Sep 13, 2012 8:21 AM
5	Too many future cuts in Medicare, rising roles of non-viable Medicaid	Sep 13, 2012 7:59 AM
6	running on a very thin margin,any further cuts in reimbursement will significantly impact the ability to run the practice in the future	Sep 11, 2012 10:13 AM
7	Obama care with all its business requirements may change this.	Sep 9, 2012 9:32 PM
8	Aging brain	Sep 9, 2012 10:35 AM
9	I am retired	Sep 3, 2012 12:39 PM
10	as long as i bankroll it	Sep 3, 2012 9:25 AM
11	Financial pinches likely.	Aug 29, 2012 2:01 PM
12	WILL HAVE TO JOIN A LARGER INSTITUTION WITH THE MARKET CLOUT TO CHARGE MORE	Aug 28, 2012 9:44 PM
13	If the ACA is fully enacted, then we will be able to continue.	Aug 28, 2012 6:53 PM
14	being in a relatively large single speciality group, I am reasonable comfortable that we provide enough of a "barrier to entry" in our region.	Aug 27, 2012 6:56 PM
15	Hospital is shutting down OR's, losing nursing staff.	Aug 27, 2012 12:38 PM
16	There's plenty of demand...but if Obamacare isn't thrown out I'll retire.	Aug 27, 2012 11:07 AM
17	Obamacare will kill private practice	Aug 27, 2012 9:37 AM
18	worried about decreased reimbursments	Aug 26, 2012 11:04 PM
19	hospital in process of merging with large system that tends to employ docs, we are independant	Aug 26, 2012 9:41 PM
20	Obamacare and reimbursement cuts with higher taxes and more government control are frightening	Aug 26, 2012 9:36 PM
21	Obamacare and reimbursement cuts with higher taxes and more government control are frightening	Aug 26, 2012 9:35 PM
22	Not sure what will happen with health care reform	Aug 26, 2012 9:25 PM
23	I did not train to be a surgeon to be paid like a pediatrician or internist. The AMA supports decreasing specialists pay and increasing primary care pay. What they don't realize is that the real shortage of physicians will be with specialists.	Aug 26, 2012 7:34 PM

**Page 1, Q3. Do you feel that your current practice is viable and will remain so for the next 3-5 years?**

24 I am working for a multispecialty group and presently do only office urology. My partner does the surgery if it is needed. Aug 26, 2012 5:42 PM

25 planning retirement 2013 Aug 26, 2012 4:51 PM

**Page 1, Q4. What's the likelihood that you - specifically because of professional or financial dissatisfaction - will retire within the next 3 years?**

1	Too young to retire. No options.	Sep 13, 2012 6:09 PM
2	Can't afford to retire	Sep 13, 2012 4:58 PM
3	too young	Sep 13, 2012 3:03 PM
4	cannot afford to. unless i win a big lottery, like 10 mil after taxes.	Sep 12, 2012 4:36 PM
5	Too young and poor for this...	Sep 11, 2012 9:41 PM
6	5 to 8 years, yes. and i'm only 49.	Sep 9, 2012 1:53 PM
7	Will not retire for financial or satisfaction reasons.	Sep 9, 2012 10:35 AM
8	I'm 42 y/o with 2 young kids	Sep 9, 2012 6:56 AM
9	Too young!	Sep 7, 2012 8:43 PM
10	However I might retire because of age related limitations. I hope not because I enjoy what I do	Sep 6, 2012 1:14 PM
11	AGE	Sep 6, 2012 12:34 PM
12	not in a financial position to do so but would if could	Sep 6, 2012 10:04 AM
13	I'll be 80 yrs old, and facing Obamacare	Sep 4, 2012 3:20 PM
14	working part time now	Sep 4, 2012 10:04 AM
15	I am retired	Sep 3, 2012 12:39 PM
16	may leave medicine though	Sep 3, 2012 9:25 AM
17	Cutting back next year to 0.8 FTE with an eye to 0.0 FTE, but trying to keep an open mind about continuing on if conditions acceptable.	Aug 29, 2012 2:01 PM
18	too young	Aug 28, 2012 7:32 PM
19	planning on 5 years	Aug 27, 2012 2:46 PM
20	But I am 71 and may retire just because I may poop out. I hope not	Aug 27, 2012 12:34 PM
21	Oh...already answered that!	Aug 27, 2012 11:07 AM
22	If I retire, it will be for one of three reasons, none of which relate to financial dissatisfaction.	Aug 27, 2012 8:18 AM
23	There will be someone who will take over my patients.	Aug 27, 2012 7:11 AM
24	too young to retire. my wife won't let me.	Aug 26, 2012 11:04 PM
25	unless I win the lottery. Or my spouse wins the lottery.	Aug 26, 2012 9:44 PM



**Page 1, Q4. What's the likelihood that you - specifically because of professional or financial dissatisfaction - will retire within the next 3 years?**

26	would if I could	Aug 26, 2012 9:36 PM
27	would if I could	Aug 26, 2012 9:35 PM
28	i am only 46	Aug 26, 2012 8:49 PM
29	cannot afford to retire!	Aug 26, 2012 6:52 PM
30	I can not afford to change path at this time.	Aug 26, 2012 6:24 PM
31	At 75, i can retire any time. As mentioned above, I only do office urology.	Aug 26, 2012 5:42 PM
32	will probably stick with it for 5-8 more years and then retire	Aug 26, 2012 5:12 PM
33	Would like to but too young to.	Aug 26, 2012 4:32 PM

**Page 1, Q5. How are you planning to respond to the expected impact the legislation will have on your practice?**

1	Don't know yet	Sep 13, 2012 5:46 PM
2	looking into more management duties	Sep 13, 2012 4:58 PM
3	ADD Physician Extenders	Sep 13, 2012 1:18 PM
4	Don't know yet. May have to work harder, but can't!	Sep 13, 2012 12:46 PM
5	More PAs	Sep 13, 2012 8:24 AM
6	i joined a big group with increase in ancillary services.	Sep 12, 2012 4:36 PM
7	Use MUCH more mid level providers to take care of entitlement insurance patients...	Sep 11, 2012 9:41 PM
8	I recently departed from my own group after 16 years. I look forward to developing urology service line for a nationally-renowned firm. The future I believe is in MSO.	Sep 11, 2012 6:43 PM
9	This is what I did 2 years ago.	Sep 9, 2012 10:35 AM
10	Change work setting	Sep 8, 2012 6:43 PM
11	likely more pts will be seen by PA	Sep 7, 2012 8:43 PM
12	I am already an employed physician which insulates me somewhat from the regulatory changes.	Sep 6, 2012 8:04 PM
13	n/a Canada-based	Sep 6, 2012 7:48 PM
14	will need to see more patients	Sep 6, 2012 6:11 PM
15	practice is abroad	Sep 6, 2012 1:32 PM
16	Mayo Clinic is responding and I will join the effort as a dedicated team player	Sep 6, 2012 1:14 PM
17	Limit medicare	Sep 6, 2012 9:08 AM
18	Expand ancillary revenue sources via large group practice. Be more willing to cherry pick patients that pay better. Perhaps drop out of government insurances.	Sep 3, 2012 1:44 PM
19	I am retired	Sep 3, 2012 12:39 PM
20	For now	Aug 31, 2012 2:13 PM
21	As above.	Aug 29, 2012 2:01 PM
22	WILL HAVE TO JOIN A LARGER INSTITUTION WITH THE MARKET CLOUT TO CHARGE MORE	Aug 28, 2012 9:44 PM
23	That is very complex.	Aug 28, 2012 5:52 PM
24	Prepare for the worse; hope for the best. Create a large group to seek contracts but consider change career if it goes badly.	Aug 28, 2012 3:44 PM

**Page 1, Q5. How are you planning to respond to the expected impact the legislation will have on your practice?**

25	This is the final vote in my decision to retire	Aug 28, 2012 1:33 PM
26	or at any time, i am willing to sell my practice and cash out early and stay an employee. when the cashing out becomes prevalent, the cash will be less.	Aug 28, 2012 12:14 PM
27	Find other sources of revenue to sustain	Aug 27, 2012 11:36 PM
28	consider moving out of rural poor county to better economy	Aug 27, 2012 12:38 PM
29	already moved to empolyed position	Aug 27, 2012 12:08 PM
30	Can see no options at this time	Aug 27, 2012 9:37 AM
31	Question not clear. What legislation?	Aug 27, 2012 8:40 AM
32	which legislation	Aug 27, 2012 8:11 AM
33	unsure	Aug 27, 2012 7:51 AM
34	have better measurable outcomes and use fewer resources to keep expenses down	Aug 27, 2012 5:54 AM
35	I have opted-out of medicare and am seeing more patients for cash	Aug 27, 2012 5:47 AM
36	3 man department in a 150 member MSG affiliated with a hospital group; looking to expand. One nurse practitioner, with one newly signed associate at a "sister" facility, with 2 newly signed affiliate urologists for the current four-hospita! system.	Aug 26, 2012 11:24 PM
37	work less	Aug 26, 2012 9:41 PM
38	already have in preparation for changes	Aug 26, 2012 9:35 PM
39	academic practice, RVU based compensation	Aug 26, 2012 8:49 PM
40	I am already not a Medicaid provider. The next step is stop seeing Medicare patients. Also, stopping all emergency room coverage will help. If you don't want any new Medicaid or Medicare patients, then why cover the emergency room?	Aug 26, 2012 7:34 PM
41	not exactly sure what these changes will bring	Aug 26, 2012 5:21 PM
42	not sure at this time, waiting to see what will happen	Aug 26, 2012 5:12 PM
43	Downsize, work less and spend less	Aug 26, 2012 5:05 PM
44	I changed 2 years ago.	Aug 26, 2012 4:31 PM

Page 1, Q6. Please rank the issues below in terms of how they affect your economic viability.

1	restricted by medicare managed care contracta	Sep 13, 2012 2:00 PM
2	VA practice	Sep 12, 2012 5:17 AM
3	too many competing urologists	Sep 7, 2012 11:24 AM
4	The impact is being assessed by the clinic	Sep 6, 2012 1:14 PM
5	increased regulations and paperwork are the worst	Sep 6, 2012 9:25 AM
6	I work at the VA	Sep 5, 2012 3:36 PM
7	insurance reimbursement reductions and private pay bankruptcies	Sep 3, 2012 9:25 AM
8	Uninsured patients, and those with medical have dramatically increased in the last 1-2 years.	Sep 1, 2012 1:45 PM
9	Being at a large institution, I avoid serious angst about financial ruin. I have sympathy for those paying, on their own, for expensive, but inadequate liability insurance.	Aug 29, 2012 2:01 PM
10	Increasing overhead costs	Aug 28, 2012 3:44 PM
11	you are headed in the right direction with this survey. I feel that physicians should be able to take advantage of the free market system and be allowed ownership of technology especially in that we lize and greath by our outcomes.	Aug 27, 2012 6:56 PM
12	Very high Medicaid/Medicare and No insurance patients	Aug 27, 2012 12:38 PM
13	Overpopulation in our community with urologists. In the last 6 years, we went from a slightly underserved community to a massively overserved community in urology. 3 retirements/move away and just under 20 urologists. Significant impact on our practice.	Aug 27, 2012 11:51 AM
14	EMR, costs of manpower, salaries and declining remunerable with increased charity care	Aug 27, 2012 9:37 AM
15	increased regulations and paperwork are the worst	Aug 27, 2012 8:08 AM
16	I have some advice for new urologists: never take a Medicare patient into your practice.	Aug 26, 2012 7:34 PM
17	i'm in a military practice	Aug 26, 2012 4:29 PM

Page 2, Q7. Have you experienced a decrease in BPH referrals in 2012?

1	is this PSA	Sep 10, 2012 10:01 AM
2	PSA or BPH?	Sep 10, 2012 9:20 AM
3	? elevated bph?. do you mean elevated psa?	Sep 9, 2012 1:55 PM
4	Not sure what you mean by elevated BPH--elevated PSA? Bladder outlet obstruction?	Sep 8, 2012 4:12 PM
5	don't you mean elevated PSA not BPH	Sep 6, 2012 10:05 AM
6	elevated psa?	Sep 6, 2012 8:54 AM
7	I'm assuming the "in" should have been "or" in the question. That or there's a new dx "elevated BPH". Or, as a much better question, substitute "PSA" for "BPH" -- THAT's worth trending.	Sep 6, 2012 8:05 AM
8	PSA referrals?	Sep 5, 2012 4:04 PM
9	Do you mean elevated PSA referrals?	Sep 4, 2012 3:25 PM
10	More than 50% reduction, and ALREADY seeing larger # with PSA > 100 and mets!	Sep 1, 2012 1:50 PM
11	Do you mean "elevated PSA"?	Aug 31, 2012 2:15 PM
12	What is elevated BPH???	Aug 31, 2012 11:19 AM
13	Did you mean PSA?	Aug 29, 2012 2:05 PM
14	I assume this was supposed to be "PSA" not BPH	Aug 28, 2012 10:28 PM
15	Compared to what?	Aug 28, 2012 6:54 PM
16	I assume you mean elevated PSA referrals	Aug 28, 2012 4:37 PM
17	psa you mean..	Aug 28, 2012 12:17 PM
18	You mean PSA	Aug 28, 2012 11:07 AM
19	You mean elevated PSA referrals?	Aug 28, 2012 9:00 AM
20	Assume you mean PSA elevation.	Aug 28, 2012 3:29 AM
21	Do you mean elevated PSA?	Aug 27, 2012 11:38 PM
22	I assume you mean PSA	Aug 27, 2012 3:58 PM
23	Did you mean PSA.? If so I think I'm down 11-15%	Aug 27, 2012 12:36 PM
24	i think you meant to ask about psa	Aug 27, 2012 12:32 PM
25	Is this supposed to be psa? If so yes. If bph, no	Aug 27, 2012 11:53 AM

Page 2, Q7. Have you experienced a decrease in BPH referrals in 2012?

26	elevated PSA? or BPH?	Aug 27, 2012 10:18 AM
27	question makes no sense	Aug 27, 2012 8:42 AM
28	you mean elevated PSA	Aug 27, 2012 7:13 AM
29	yes on "elevated PSA" referrals	Aug 26, 2012 11:05 PM
30	I am assuming you mean elevated PSA referrals; if so, then 11-15% decrease	Aug 26, 2012 9:52 PM
31	answered as if psa	Aug 26, 2012 9:43 PM
32	I think you mean elevated PSA referrals	Aug 26, 2012 9:36 PM
33	Is this supposed to be elevated Psa?	Aug 26, 2012 9:26 PM
34	but the data/guidelines are clear that we should be screening less	Aug 26, 2012 8:52 PM
35	you mean PSA	Aug 26, 2012 8:28 PM
36	I think you mean elevated PSA	Aug 26, 2012 8:02 PM
37	what is the question?	Aug 26, 2012 7:58 PM
38	Elevated PSA you mean?	Aug 26, 2012 6:53 PM
39	you mean PSA? yes	Aug 26, 2012 6:26 PM
40	Presume you mean PSA	Aug 26, 2012 6:15 PM
41	You mean PSA	Aug 26, 2012 6:14 PM
42	elevated PSA?	Aug 26, 2012 6:02 PM
43	I assume you mean elevated PSA	Aug 26, 2012 5:36 PM
44	Do you mean PSA?	Aug 26, 2012 5:04 PM
45	do you mean psa?	Aug 26, 2012 4:52 PM
46	do you mean elevated PSA?	Aug 26, 2012 4:47 PM
47	Assume you mean elevated PSA	Aug 26, 2012 4:46 PM
48	I think you meant PSA, not BPH.	Aug 26, 2012 4:36 PM

**Page 2, Q8. Have you experienced a change in practice referral patterns due to Hospital or other organizational alliances with primary care?**

1	I am restricted from seeing these patients	Sep 13, 2012 2:02 PM
2	Huge!	Sep 12, 2012 11:00 PM
3	Many group practices bought up by rival hospital systems.	Sep 11, 2012 9:42 PM
4	Hospital ACO are expecting that any pt from them should be treated at their own facility.	Sep 11, 2012 6:47 PM
5	Primary care owned by competing hospital systems have stopped sending patients	Sep 11, 2012 10:17 AM
6	Poor reliability of response due to change in practice situation	Sep 9, 2012 10:38 AM
7	HMO are the ticket	Sep 7, 2012 8:38 AM
8	some PCPs are restricted to making referrals within their hospital system	Sep 6, 2012 6:15 PM
9	Financial cat fight between two regional medical centers resulting in shifting PCM referral patterns.	Sep 6, 2012 8:05 AM
10	Canadian physician	Sep 6, 2012 7:52 AM
11	Local Hospital has formed a Physician foundation to form an ACO to capture the money leaving private practice out in the cold.	Sep 1, 2012 5:27 PM
12	We charge less than the competition, and one of these years, that may pay off.	Aug 29, 2012 2:05 PM
13	Independent primary groups that used to refer to me have joined bigger groups and are required to refer internally.	Aug 27, 2012 4:40 PM
14	More insurances are not accepted by the group.	Aug 27, 2012 8:25 AM
15	this may be coming very soon	Aug 27, 2012 7:52 AM
16	Slight decrease but expect more change for the worse in coming months/years	Aug 27, 2012 5:55 AM
17	HMO enrollment	Aug 26, 2012 11:22 PM
18	we have allied with other referral institutions/practices	Aug 26, 2012 8:52 PM
19	Looks like it will happen soon	Aug 26, 2012 4:46 PM

**Page 2, Q9. Given the potential of a 31% decrease in Medicare, do you plan to continue on being a participating provider with Medicare?**

1	I have no choice at the university, but it's frightening.	Sep 13, 2012 10:32 PM
2	Assuming the decrease happens	Sep 13, 2012 10:20 PM
3	I will have to	Sep 13, 2012 2:02 PM
4	Practice decisions made by organization	Sep 13, 2012 8:22 AM
5	I work for an academic center so will have no choice.	Sep 13, 2012 8:00 AM
6	I can't afford not to but I also don't know if I can afford to.	Sep 12, 2012 11:00 PM
7	But severely restrict access to these patients.	Sep 11, 2012 9:42 PM
8	BUT LIMIT MY EXPOSURE BY HAVING A CAP ON NEW MEDICARE PTS UNLESS I HAVE SOMEONE DROP OUT. 1:1 REPLACEMENT POLICY WITH THE GOAL OF WEANING DOWN TO NO MORE THAN 5-10% OF PT POPULATION AS MEDICARE.	Sep 11, 2012 6:47 PM
9	No choice in university setting.	Sep 9, 2012 10:38 AM
10	that cut will never happen	Sep 7, 2012 8:38 AM
11	Have to since the MSG/hospital "participate" and, by default, we have to as well.....	Sep 7, 2012 12:33 AM
12	No choice here. This is charity work.	Sep 6, 2012 8:24 PM
13	hard to quit. prob will limit number seen	Sep 6, 2012 10:05 AM
14	I have no choice, I am hospital employed	Sep 6, 2012 9:26 AM
15	Yes, but limited	Sep 6, 2012 9:10 AM
16	Contractually obligated (employed position) to do so. Otherwise would at the very least limit the number of Medicare patients.	Sep 6, 2012 8:05 AM
17	would be forced to join hospital group	Sep 5, 2012 4:04 PM
18	But that won't happen or all heck breaks loose.	Aug 29, 2012 2:05 PM
19	I have opted out since 2008	Aug 28, 2012 4:37 PM
20	retiring, but would not see medicare if couldn't make overhead	Aug 28, 2012 1:38 PM
21	for now	Aug 27, 2012 5:31 PM
22	salaried, VA employee	Aug 27, 2012 3:04 PM
23	If the cur goes through, I plan to drop Medicare.	Aug 27, 2012 1:15 PM
24	If I stay in the area	Aug 27, 2012 12:39 PM



**Page 2, Q9. Given the potential of a 31% decrease in Medicare, do you plan to continue on being a participating provider with Medicare?**

25	its up to the Mayo clinic. They have been proactive	Aug 27, 2012 12:36 PM
26	we have to as part of a university hospital	Aug 27, 2012 12:32 PM
27	I'll be forced to retire...I would be able to pay more overhead but not much else..might as well do something else.	Aug 27, 2012 11:10 AM
28	hospital employed, no choice	Aug 27, 2012 8:09 AM
29	I have opted-out of medicare	Aug 27, 2012 5:48 AM
30	Have t because of contractual agreements established by the hospital group.	Aug 26, 2012 11:29 PM
31	but will need to limit appointments	Aug 26, 2012 9:43 PM
32	have to, as we have residents paid by medicare but i am certain there will not be a big cut.	Aug 26, 2012 8:52 PM
33	University hospital	Aug 26, 2012 8:02 PM
34	There is no reason to work hard for free.	Aug 26, 2012 7:36 PM
35	expect that this will not happen	Aug 26, 2012 5:22 PM
36	My group will have to stay in Medicare	Aug 26, 2012 4:33 PM

Page 2, Q11. Do you have an Electronic Medical Record (EMR) system in place? Actively searching?

1	InSync	Sep 14, 2012 8:10 PM
2	EPIC	Sep 14, 2012 5:31 PM
3	aprima	Sep 13, 2012 11:00 PM
4	Epic	Sep 13, 2012 10:32 PM
5	eMDs	Sep 13, 2012 3:40 PM
6	Help 2	Sep 13, 2012 3:05 PM
7	NextGen	Sep 13, 2012 2:28 PM
8	Meridian	Sep 13, 2012 2:02 PM
9	Meridian	Sep 13, 2012 1:48 PM
10	Have a system, but changing systems to Allscripts.	Sep 13, 2012 12:48 PM
11	IC Chart	Sep 13, 2012 12:16 PM
12	Meridian	Sep 13, 2012 12:12 PM
13	Cerner	Sep 13, 2012 8:22 AM
14	Tri-Med	Sep 13, 2012 7:48 AM
15	CPRS in the VAHospital	Sep 13, 2012 7:36 AM
16	Urocharts	Sep 12, 2012 11:00 PM
17	urochart	Sep 9, 2012 1:55 PM
18	Cerner, switching to Epic.	Sep 9, 2012 10:38 AM
19	Pulse	Sep 8, 2012 4:12 PM
20	EPIC	Sep 7, 2012 12:33 AM
21	But it is terrible for urology -- NextGen.	Sep 6, 2012 8:06 PM
22	Accuro	Sep 6, 2012 7:51 PM
23	just switched from Sage Intergy to Urochart	Sep 6, 2012 6:15 PM
24	cerner	Sep 6, 2012 3:37 PM
25	on Centricity but moving to Epic	Sep 6, 2012 9:26 AM
26	greenway primesuites	Sep 6, 2012 8:33 AM
27	Just now spooling up to come on line -- multi-facility evolution.	Sep 6, 2012 8:05 AM

**Page 2, Q11. Do you have an Electronic Medical Record (EMR) system in place? Actively searching?**

28	e clinical works	Sep 6, 2012 7:49 AM
29	ge	Sep 5, 2012 7:23 AM
30	being installed now.	Sep 3, 2012 9:03 AM
31	Meridian	Sep 1, 2012 5:27 PM
32	GE Centricity	Aug 31, 2012 2:15 PM
33	Cerner. Hate it. But may be the best one out there.	Aug 29, 2012 2:05 PM
34	in motion, not transitioned yet	Aug 29, 2012 1:57 PM
35	PRACTICE FUSION	Aug 28, 2012 9:45 PM
36	Urochats/MedEvolve	Aug 28, 2012 3:49 PM
37	EPIC-just changing to this and already worried about relearning a new system	Aug 28, 2012 1:38 PM
38	this is the biggest and most costliest venture us government has put on us in history. rather than having all the softwares that cannot talk to each other, the government should have had us use the va sys. and put our rec's in via internet.	Aug 28, 2012 12:17 PM
39	Epic	Aug 28, 2012 8:05 AM
40	Using VAMC CPRS.	Aug 28, 2012 3:29 AM
41	e-MDs	Aug 27, 2012 9:03 PM
42	GE Centricity	Aug 27, 2012 8:10 PM
43	allscripts	Aug 27, 2012 7:01 PM
44	nextgen	Aug 27, 2012 6:38 PM
45	Cerner	Aug 27, 2012 5:15 PM
46	Allscripts	Aug 27, 2012 1:15 PM
47	Allscripts	Aug 27, 2012 12:39 PM
48	now implementing	Aug 27, 2012 9:38 AM
49	Epic; ~8 years	Aug 27, 2012 8:23 AM
50	Centricity, moving to Epic	Aug 27, 2012 8:09 AM
51	Allscripts	Aug 27, 2012 7:13 AM
52	Noteworthy	Aug 27, 2012 6:17 AM
53	Allscripts	Aug 27, 2012 6:16 AM

**Page 2, Q11. Do you have an Electronic Medical Record (EMR) system in place? Actively searching?**

54	meridian	Aug 27, 2012 5:48 AM
55	EPIC	Aug 26, 2012 11:42 PM
56	EPIC.	Aug 26, 2012 11:29 PM
57	Eclinical works	Aug 26, 2012 11:22 PM
58	EPIC	Aug 26, 2012 11:05 PM
59	Centricity quitting Considering Greenway	Aug 26, 2012 10:23 PM
60	Just changed from Sage Intergy to UroChart	Aug 26, 2012 9:52 PM
61	urochart	Aug 26, 2012 9:43 PM
62	epic	Aug 26, 2012 9:29 PM
63	Meridian	Aug 26, 2012 8:58 PM
64	who doesn't?	Aug 26, 2012 8:52 PM
65	EPIC	Aug 26, 2012 8:28 PM
66	Epic	Aug 26, 2012 8:02 PM
67	allscripts	Aug 26, 2012 8:00 PM
68	I do not have enough practice revenue to buy an EMR system.	Aug 26, 2012 7:36 PM
69	Nextgen	Aug 26, 2012 6:54 PM
70	Cerner	Aug 26, 2012 6:53 PM
71	eclinicalworks	Aug 26, 2012 6:26 PM
72	Epic	Aug 26, 2012 6:22 PM
73	Allscripts	Aug 26, 2012 6:08 PM
74	The group has an EMR,(Epic) which theyb it is presently implementing. I should be trained in it by the end of the year or by next spring.	Aug 26, 2012 5:45 PM
75	MAC Practice	Aug 26, 2012 5:22 PM
76	Meridian	Aug 26, 2012 5:18 PM
77	However, we just terminated our contract with Greenway EMR and will be looking for another vendor	Aug 26, 2012 5:13 PM
78	Meridian	Aug 26, 2012 5:04 PM
79	Urochart	Aug 26, 2012 4:52 PM

**Page 2, Q11. Do you have an Electronic Medical Record (EMR) system in place? Actively searching?**

80	going live soon. Urochart EHR	Aug 26, 2012 4:47 PM
81	Works poorly. Giving it the boot just this week.	Aug 26, 2012 4:46 PM
82	NextGen	Aug 26, 2012 4:36 PM
83	Cerberus, with imminent change to Epic.	Aug 26, 2012 4:33 PM

**Page 2, Q12. If yes, are you satisfied with your EMR's performance?**

1	Has good and bad aspects. It's time consuming.	Sep 13, 2012 10:32 PM
2	slows down productivity, expensive, and no improvement in production with use	Sep 13, 2012 4:59 PM
3	EMR is an extremely expensive proposition, maintenance is adding significant overhead	Sep 13, 2012 3:40 PM
4	I despise it with utter passion. Getting an emr is a small step of all that is really required I.e servers networking etc..	Sep 13, 2012 2:02 PM
5	We have had a lot of problems with getting it set up and implementing it. It has been very time consuming.	Sep 12, 2012 11:00 PM
6	JUST STARTED USING A NEW EMR PLATFORM...VERDICT PND	Sep 11, 2012 6:47 PM
7	was on a EMR with previous employment situation, and it was very difficult to get organized into a chart as I would use it. Our hospital is going to go to an EMR and In my new practice situation I am waiting for that EMR to be provided.	Sep 11, 2012 10:17 AM
8	too much clinical data entry required	Sep 6, 2012 7:51 PM
9	still learning how to use it; have had to cut down on the number of patients to start.	Sep 6, 2012 6:15 PM
10	urochart	Sep 6, 2012 8:54 AM
11	Just contracted with a new company for nex year.	Sep 1, 2012 1:50 PM
12	As above unless you like running in lead boots.	Aug 29, 2012 2:05 PM
13	Very time consuming. Not flexible. Does not allow for nuanced medical care. Can't believe it was designed by/for urologists.	Aug 28, 2012 3:49 PM
14	Leaving CERNER-never saw increase in productivity	Aug 28, 2012 1:38 PM
15	95% satisfied, except that I am now a keyboarder	Aug 27, 2012 2:47 PM
16	Too early to tell	Aug 27, 2012 12:39 PM
17	Cerner stinks. Our old IDX was better	Aug 27, 2012 12:36 PM
18	As I said above our emr is pretty good (Meridian)...it's just so time-consuming.	Aug 27, 2012 11:10 AM
19	It still needs "tweaking."	Aug 27, 2012 8:23 AM
20	I have centricity, don't like it and am not using it	Aug 26, 2012 10:23 PM
21	good system-takes extra time	Aug 26, 2012 9:43 PM
22	epic stinks	Aug 26, 2012 8:52 PM
23	lots of buttons that I don't use Forced upgrades	Aug 26, 2012 8:28 PM
24	Not satisfied with any of the previous ones I have used.	Aug 26, 2012 4:47 PM

**Page 2, Q12. If yes, are you satisfied with your EMR's performance?**

25	Greenway sucks	Aug 26, 2012 4:46 PM
----	----------------	----------------------

**Page 2, Q13. Will you qualify for "Meaningful Use" financial bonus for your EHR in 2012?**

1	We think.	Sep 11, 2012 9:42 PM
2	we desperately hope so!	Sep 6, 2012 6:15 PM
3	Aprima just could not make it work... we fired them!	Sep 1, 2012 1:50 PM
4	A huge windfall for a large group.	Aug 29, 2012 2:05 PM
5	I'd rather continue using the EHR as I am to lazy to change my practices and find that the financial encentive to little for me to change	Aug 27, 2012 7:01 PM
6	already received	Aug 26, 2012 9:43 PM
7	trying to follow guideline, not sure we will qualify	Aug 26, 2012 9:36 PM
8	i will qulify, but the institution will unlikely share it	Aug 26, 2012 8:52 PM

**Page 2, Q14. How do you find the use of EHR has impacted your practice?  
(please check all that apply)**

1	The time impact is moderate but I go home mentally exhausted trying to enter all the data after seeing a patient.	Sep 14, 2012 6:49 AM
2	It's a story of good AND bad.	Sep 13, 2012 10:32 PM
3	previously had EHR, not now	Sep 13, 2012 4:46 PM
4	The concept/idea is good. The amount of invested funds to initiate, maintain, and time spent entering data is not worth it	Sep 13, 2012 3:40 PM
5	Still dictate notes. Would not want to use template	Sep 13, 2012 12:16 PM
6	Neutral	Sep 13, 2012 8:00 AM
7	this is the biggest waste of time, money and effort obamacare has implemented. i find myself so busy clicking, that there is less face to face time with the patient. what they should have done is to tell us what to use , for all providers, like the va sys. and we all sign on, put in our info . and view everyone elses'. instead, we have multiple vendor with multiple programs that do not talk to each other. the meaningful use is the greatest misnomer- i have yet to find a patients language and ethnicity to be marked twice-- as more meaningful that marking it once.. yet we do it anyways. what i am really worried about is the collection of practice patterns and confirmation of such by data, and the algorithms which can be generated. This can result in automated, computerized medical care, where, simple diagnoses will be diagnosed and treated at home by the patient or low level providers and one must pass and fail them before, they can be seen at a higher level. such as np, then pcp, then specialists.- with graduated increase in fees to the patient to discourage the use of higher level providers.. this will lower cost, have need for fewer providers- and even less specialists, etc. with overall savings... scary but its a brave new world of medicine..	Sep 12, 2012 4:47 PM
8	Fewer patients/less revenue - supposedly "bouyed" by "pay-for-performance."	Sep 7, 2012 12:33 AM
9	Records are never lost but I only get the most recent last visit as a prompt.	Sep 6, 2012 8:24 PM
10	Had to go back to paper charts until NextGen submits revision to the Adventist HealthCare in January.	Sep 6, 2012 8:06 PM
11	all of the above: advantages and disadvantages	Sep 6, 2012 7:51 PM
12	fewer patients but charges are well documented	Sep 6, 2012 6:15 PM
13	not applicable	Sep 6, 2012 1:33 PM
14	can upcode better. notes are done sooner, have to be my own secretary	Sep 6, 2012 9:26 AM
15	Do not use	Sep 6, 2012 9:08 AM
16	no change	Sep 6, 2012 8:11 AM
17	Negative financial impact. very expensive to maintain and no significant benefit	Sep 6, 2012 8:10 AM
18	has used up a lot of money.	Sep 3, 2012 9:03 AM



**Page 2, Q14. How do you find the use of EHR has impacted your practice?  
(please check all that apply)**

19	EHR does not enhance clinical outcomes and does not enhance patient care. In fact it does just the opposite.	Aug 31, 2012 11:19 AM
20	Significantly.	Aug 29, 2012 2:05 PM
21	Inhibits productivity. Artificially gloats code levels. Information charted is bland if not downright inactivate. Often require data be first approximation rather than detailed and precise.	Aug 28, 2012 3:49 PM
22	Even if I become more fascile with the computer, I'll still be 30% slower.	Aug 27, 2012 8:05 PM
23	I love the off site access to my records. as long as I have internet access, I can contact my patients and review the records instantaneously!	Aug 27, 2012 7:01 PM
24	Complex, cumbersome, inefficient.	Aug 27, 2012 1:15 PM
25	N/A	Aug 27, 2012 11:37 AM
26	I think it makes for an excellent medical record because I use a "MacSpeak" voice recognition software and dictate the actual visit in narrative form. Each patient retains their uniqueness.	Aug 27, 2012 11:10 AM
27	Espesially theh personalized after-visit summaries, lab resulats, imaging results, path results, and eRx.	Aug 27, 2012 8:23 AM
28	overall positive but certainly has some drawbacks	Aug 27, 2012 8:09 AM
29	neutral	Aug 27, 2012 5:48 AM
30	Greater accuracy in "capturing" revenue; but a significant decrease in "performance;" ~ 1/3 rd decrease in daily pt volume. Definite "negative" impact in pt relations - "always have my back to the pt"/disrespectful/payes more attention to the computer than to the patient/.... Definite decrease in pt "satisfaction" scores.	Aug 26, 2012 11:29 PM
31	about 20% decrease in productivity (but it was 35% initially)	Aug 26, 2012 8:52 PM
32	Mixed, slower but enhances communication with other physicians	Aug 26, 2012 7:32 PM
33	Spending more time to complete the necessary paperwork - more after-hours work without any increase in compensation, etc.	Aug 26, 2012 6:53 PM
34	More work has to be done to enter the same information and I definitely need 1 more employee now.	Aug 26, 2012 6:26 PM
35	not using EMR yet	Aug 26, 2012 5:45 PM
36	Takes 4 times as long to see every patient, too much "Make Work", too much information: very dangerous.	Aug 26, 2012 5:04 PM
37	na	Aug 26, 2012 4:52 PM
38	N/A	Aug 26, 2012 4:48 PM

**Page 2, Q14. How do you find the use of EHR has impacted your practice?  
(please check all that apply)**

39	Awkward. Time consuming. Expensive. Makes it difficult to make a succinct easy to read relevant document	Aug 26, 2012 4:46 PM
----	--	----------------------

**Page 3, Q15. Are you looking for a partner?**

1	Mid-level provider(s).	Sep 7, 2012 12:38 AM
2	I would like to hire a mid-level as a bridge.	Sep 6, 2012 8:09 PM
3	We hired a physician's assistant this year and will hire another if another provider is needed.	Sep 6, 2012 6:19 PM
4	am in a county hospital practice	Sep 6, 2012 10:57 AM
5	Just added a partner. It was tough to find someone.	Sep 6, 2012 8:15 AM
6	need someone trained in robotics	Sep 5, 2012 4:06 PM
7	But transplant urologists are as common as honest politicians.	Aug 29, 2012 2:22 PM
8	not enough peds urologists	Aug 28, 2012 1:42 PM
9	But will specify probably 1-2 "extenders.....	Aug 26, 2012 11:39 PM
10	we just hired one who will join us in 3m	Aug 26, 2012 11:08 PM
11	If my practice closes, no one will be here to take my place. That is the impact of Medicare cuts to urology over the past 10 years.	Aug 26, 2012 7:43 PM
12	I'm employee	Aug 26, 2012 7:38 PM

**Page 3, Q16. Have you merged or are you considering merging with another Urology practice?**

1	IN FACT I JUST LEFT A MEGA - GROUP	Sep 11, 2012 6:51 PM
2	merged a few years ago	Sep 6, 2012 6:19 PM
3	Considering it	Aug 31, 2012 2:16 PM
4	Worse mistake I've made in 30 years of practice.	Aug 28, 2012 3:57 PM
5	Merged 2007	Aug 27, 2012 10:31 PM
6	We merged 8 practices in the past 3 years	Aug 27, 2012 7:05 PM
7	I think in the future we will all be forced to merge in to large groups.	Aug 27, 2012 1:27 PM
8	We are already 11.	Aug 27, 2012 8:32 AM
9	CIPHO - actively recruiting physicians from private practice to join the "group."	Aug 26, 2012 11:39 PM
10	considered	Aug 26, 2012 9:48 PM
11	unsuccessful merger attempted	Aug 26, 2012 6:56 PM
12	Considering multispecialty group	Aug 26, 2012 5:08 PM

**Page 3, Q17. Do you (or the practice) plan to add any non-physician providers (Physician Assistants or Nurse Practitioners) in the next 12 months?**

1	Possibly will add a PA	Sep 13, 2012 11:59 PM
2	already have 2 NPs	Sep 13, 2012 5:02 PM
3	We have a p.a. And nurse practioner already	Sep 13, 2012 2:33 PM
4	Pending volumes, which are currently down	Sep 13, 2012 8:26 AM
5	no because i need to keep the skills to myself so that it remains specialized care. not an np or pa care.	Sep 12, 2012 4:48 PM
6	Laying off one of our 2 pa's.	Sep 6, 2012 8:56 AM
7	They are too expensive!	Sep 1, 2012 2:00 PM
8	We have 3 already.	Aug 29, 2012 2:22 PM
9	Already have 2 PAs and 1 naturopath	Aug 27, 2012 4:42 PM
10	unless I can't find a urologist	Aug 27, 2012 9:40 AM
11	We already have some.	Aug 27, 2012 8:32 AM
12	maybe. what we really need is call coverage	Aug 27, 2012 8:11 AM
13	Currently have 1 nurse practitioner: with plans for CIPHO, we'll probably be looking to add 1-2 "extenders" to the practice in the next 1-3 years.	Aug 26, 2012 11:39 PM
14	we already use 2, PAs	Aug 26, 2012 11:08 PM
15	Bad experiences with non physician provider is past, will no longer use them	Aug 26, 2012 9:39 PM
16	thinking of getting rid of an NP - money losing, poor care	Aug 26, 2012 8:55 PM
17	Inpatient care	Aug 26, 2012 8:07 PM
18	Do you really think I can afford a PA if I can't afford an EMR?	Aug 26, 2012 7:43 PM
19	we have 1 PA, and 6 NP's already	Aug 26, 2012 4:33 PM

Page 3, Q18. Do you currently have or are you planning to add ancillary services? (select all that apply)

1	Surginsite	Sep 13, 2012 7:51 AM
2	Research	Sep 11, 2012 9:44 PM
3	ALREADY HAVE IMRT	Sep 11, 2012 6:51 PM
4	Radiology/CT, Reference lab	Sep 8, 2012 4:15 PM
5	all ready have all the above	Sep 7, 2012 8:40 AM
6	Am in a county hospital	Sep 6, 2012 10:57 AM
7	Considering the possibility	Sep 6, 2012 8:15 AM
8	ultrasound	Sep 6, 2012 7:52 AM
9	MRI. Specific "centers of excellence" for men's and women's health and prostate cancer.	Sep 3, 2012 1:47 PM
10	MRI/Ultrasound fusion for prostate biopsy	Aug 28, 2012 3:57 PM
11	currently, we have all 3 modalities	Aug 27, 2012 7:05 PM
12	lithotripsy	Aug 27, 2012 4:42 PM
13	unethical in my view	Aug 27, 2012 12:34 PM
14	We havea C-arm and ultrasound. (There should be and "other" category.	Aug 27, 2012 8:32 AM
15	have lithotripsy	Aug 26, 2012 9:48 PM
16	Hospital-owned clinic, university hospital	Aug 26, 2012 8:07 PM
17	Why invest capital in a broken system? IMRT and CT rates are being cut this year. Path labs, I believe, are unethical.	Aug 26, 2012 7:43 PM
18	lithotripsy	Aug 26, 2012 6:56 PM

**Page 3, Q19. Please describe any other health policy issues that have been raised in your state or area that are important to you?**

1	Improving access	Sep 14, 2012 8:59 AM
2	The continued audits	Sep 13, 2012 10:34 PM
3	ACA; insurance pools being created	Sep 13, 2012 5:02 PM
4	SGR, IMRT legislation by radiology oncologists, ability to provide ancillary services	Sep 13, 2012 3:43 PM
5	reimbursements patterns	Sep 13, 2012 3:07 PM
6	SB1070. It helped the budget of the state medicaid fund due to illegals (uninsured) moving out of our state.	Sep 13, 2012 2:32 PM
7	Screening PSA testing	Sep 13, 2012 11:05 AM
8	Threat to in-office ancillary exception	Sep 13, 2012 8:27 AM
9	Statewide collection of quality outcomes data	Sep 13, 2012 8:02 AM
10	The major insurer in the state is very restrictive and therefore our hands are tied when it comes to ancillary services.	Sep 12, 2012 11:04 PM
11	see above	Sep 12, 2012 4:48 PM
12	None	Sep 12, 2012 10:38 AM
13	Radiation Oncologist attempts to restrict Urologist's scope of practice. PSA screening leading to decline of PCP referral's	Sep 11, 2012 9:44 PM
14	Independent payment advisory boards Sustained growth rate fiasco	Sep 10, 2012 5:43 PM
15	ACO	Sep 9, 2012 8:56 PM
16	micra continues to be assailed by trial attorneys	Sep 9, 2012 1:56 PM
17	Hospitals buying physician practices as competitors	Sep 8, 2012 4:15 PM
18	ACO's, forcing of MedCal patients into HMO	Sep 7, 2012 8:40 AM
19	"Crossed-barriers" - specifically Uro-Gynecology and other physicians (PCP, and even an Ob-GYN in the cases of management of male hypogonadism) crossing int the domain of Urology.	Sep 7, 2012 12:38 AM
20	High teenage pregnancy rate.	Sep 6, 2012 8:28 PM
21	formularly drug coverage	Sep 6, 2012 7:53 PM
22	not applicable	Sep 6, 2012 1:35 PM
23	HMO restrictions/discounts	Sep 6, 2012 12:39 PM
24	None	Sep 6, 2012 11:20 AM

**Page 3, Q19. Please describe any other health policy issues that have been raised in your state or area that are important to you?**

25	added medicaid, medical are a huge burden (in time available with patients)	Sep 6, 2012 10:57 AM
26	N/A	Sep 6, 2012 9:46 AM
27	USPTF recommendations	Sep 6, 2012 9:17 AM
28	None	Sep 6, 2012 9:12 AM
29	none	Sep 6, 2012 9:11 AM
30	None	Sep 6, 2012 8:36 AM
31	HIPAA requirements.	Sep 6, 2012 8:15 AM
32	Very large market share of Medicare/Medicade -- ~80 of practice (rural setting).	Sep 6, 2012 8:09 AM
33	ACA	Sep 3, 2012 11:33 PM
34	ACO impact in Oregon	Sep 2, 2012 10:21 AM
35	Medi-cal reimbursement is a JOKE, and the reason we are NO longer taking ER call.	Sep 1, 2012 2:00 PM
36	Medicaid cuts	Aug 31, 2012 7:25 PM
37	Your survey was enjoyable. However, I am bombarded by surveys, staff reviews, physician reviews, Press Ganey patient satisfaction survey results, audits on E&M coding,ethics certification, CMS conditions of participation requirements, etc. I do not have time to type all the inputs and outputs required from all levels; institution, county, state, federal. specialty organizations, etc. Each one probably seems like an insignificant additional burden to place on physicians to the group that came up with the idea, just like each little trickle of water is insignificant, but becomes the Mississippi river. The bottom line is that as we enter a world where seeing a physician will be a priviledge, do we really need to come up with so many ways for physicians to spend their valuable time that have no clinical value?	Aug 29, 2012 2:22 PM
38	none	Aug 29, 2012 1:22 PM
39	increase in medicade population	Aug 28, 2012 7:37 PM
40	Again, ACA enactment is vitally important to the maintenance of our hospital-based practice.	Aug 28, 2012 6:57 PM
41	None	Aug 28, 2012 4:39 PM
42	Competition by large hospital groups seeking to employ their own urologists	Aug 28, 2012 3:57 PM
43	Inegration of MEDICAL patients into practice	Aug 28, 2012 1:42 PM
44	Hospital acquisition of practices.	Aug 28, 2012 9:02 AM
45	x	Aug 27, 2012 8:34 PM

**Page 3, Q19. Please describe any other health policy issues that have been raised in your state or area that are important to you?**

46	tort reform	Aug 27, 2012 6:40 PM
47	same as national	Aug 27, 2012 6:10 PM
48	UCLA starting a practice in the San Fernando Valley	Aug 27, 2012 12:47 PM
49	CCOs are pushing ahead without much in the way of specialist input.	Aug 27, 2012 11:26 AM
50	none	Aug 27, 2012 10:48 AM
51	OR time Limitations	Aug 27, 2012 10:33 AM
52	expanding medicaid, obamacare	Aug 27, 2012 9:40 AM
53	none come to mind	Aug 27, 2012 9:17 AM
54	none	Aug 27, 2012 8:45 AM
55	Medicaid grant from the feds.	Aug 27, 2012 8:32 AM
56	prescription drug abuse monitoring	Aug 27, 2012 8:11 AM
57	hospital acquiring specialists is very concerning	Aug 27, 2012 7:55 AM
58	CON	Aug 27, 2012 6:55 AM
59	EMTALA has negative impact	Aug 27, 2012 5:58 AM
60	If current policies remain intact, Medicare will turn into another "Medicaid....."	Aug 26, 2012 11:39 PM
61	all	Aug 26, 2012 11:32 PM
62	ACO model being implemented	Aug 26, 2012 11:28 PM
63	Insurance coverage of clinical trial costs	Aug 26, 2012 11:16 PM
64	None	Aug 26, 2012 11:13 PM
65	The insurance exchange	Aug 26, 2012 10:39 PM
66	The PSA issue, and treatment of prostate cancer.	Aug 26, 2012 10:28 PM
67	potential restriction of ancillary services by other medical specialities such as pathology, radiology and ASTRO	Aug 26, 2012 9:57 PM
68	hospital mergers and change of referral pattern and contracts	Aug 26, 2012 9:48 PM
69	none	Aug 26, 2012 9:29 PM
70	medicaid restricts what we can provide medicaid/mediocare patients - we cannot give medicare approved services - are denied by medical	Aug 26, 2012 8:55 PM
71	The whole ACO issue	Aug 26, 2012 8:32 PM



**Page 3, Q19. Please describe any other health policy issues that have been raised in your state or area that are important to you?**

72	Insurance access through Medicaid expansion. Community urologists aren't going to care for those patients, and the Medicare cuts will mean more of those patients will be coming our way also.	Aug 26, 2012 8:07 PM
73	Being forced to see patients being referred from other areas (dumps)	Aug 26, 2012 8:04 PM
74	Change in EHR	Aug 26, 2012 8:01 PM
75	For 10 years now, nothing has been done to fix the Medicare problem, like allowing physicians to charge patients more than 109% of what Medicare allows. This is price and wage control policy. Do you really think a doctor can continue to practice if he cannot set his prices for his services?	Aug 26, 2012 7:43 PM
76	not sure	Aug 26, 2012 7:35 PM
77	bill in congress recommending that physicians over 60 do not have to change to EMR to avoid penalties	Aug 26, 2012 7:03 PM
78	none	Aug 26, 2012 6:56 PM
79	I work in a multi specialty group of 70 physicians or so and think that this will be the future. The changes in health care reimbursement may impact the practice, but this will apply over all specialties.	Aug 26, 2012 5:51 PM
80	Medicaid cuts	Aug 26, 2012 5:47 PM
81	The rural nature of my practice is offering some protection to lowered reimbursements by medi-cal	Aug 26, 2012 5:26 PM
82	How can we plan for the future or even hire a new physician with so much uncertainty as to the course of medicine and the reimbursement we will be receiving and what salary to offer a new associate.	Aug 26, 2012 5:09 PM
83	Forced overnight admissions >24 hours from hospital to boost hospital revenues - pressure off now - but was a concern.	Aug 26, 2012 5:00 PM
84	Medicare sets pay scale on our area one of lowest in state despite our area being one of the most expensive in state. (Santa Barbara is rated "rural").	Aug 26, 2012 4:56 PM
85	Payment for procedures done in Surgi-centers.	Aug 26, 2012 4:52 PM
86	Lack of elevated PSA referrals and an epidemic of metastatic prostate cancer. I see PSA values over 30 weekly and over 100 at least once per month.	Aug 26, 2012 4:49 PM
87	Possible MediCal HMO coming.	Aug 26, 2012 4:38 PM

Page 3, Q20. What is the organizational structure of your practice? (please check all that apply)

1	Part of Greater Newport HMO	Sep 13, 2012 11:59 PM
2	PRIVATE PRACTICE WITH CONTRACT TO OFFER SERVICE TO NATIONAL ONCOLOGY GROUP	Sep 11, 2012 6:51 PM
3	Funded like private practice	Sep 9, 2012 10:42 AM
4	Academic	Sep 8, 2012 6:46 PM
5	multispecialty practice run by foundation	Sep 7, 2012 8:40 AM
6	Employed solo.	Sep 6, 2012 8:09 PM
7	County hospital	Sep 6, 2012 10:57 AM
8	Hospital employed with salary and incentives	Sep 6, 2012 9:28 AM
9	VA	Sep 5, 2012 3:39 PM
10	VA Hospital	Sep 4, 2012 10:08 AM
11	academic, with incentive	Aug 28, 2012 6:57 PM
12	we at 16 urologists and 2 rad oncologists	Aug 27, 2012 7:05 PM
13	hospital employed	Aug 27, 2012 4:01 PM
14	Multispecialty hospital based academic	Aug 27, 2012 3:31 PM
15	employee in office w internists, salary + performance quarterly	Aug 27, 2012 2:51 PM
16	Salary plus incentives at an academic institution	Aug 27, 2012 11:42 AM
17	We office share the overhead so each benefits from his own productivity	Aug 27, 2012 11:14 AM
18	Academic base X+Y+Z formula.	Aug 27, 2012 8:32 AM
19	Hospital employed with salary and incentives	Aug 27, 2012 8:11 AM
20	University	Aug 26, 2012 9:28 PM
21	business executive	Aug 26, 2012 8:02 PM
22	Private practice, two man	Aug 26, 2012 7:43 PM
23	Academic with incentives	Aug 26, 2012 7:35 PM
24	Academic, but with incentives	Aug 26, 2012 6:55 PM
25	hospital owned group practice	Aug 26, 2012 6:24 PM
26	Salary with bonuses	Aug 26, 2012 4:37 PM
27	Hospital foundation	Aug 26, 2012 4:33 PM

**Page 3, Q20. What is the organizational structure of your practice? (please check all that apply)**

28 Academic

Aug 26, 2012 4:30 PM

**Page 3, Q22. For your CME needs, do you generally prefer attending meetings or taking online courses?**

1	whichever fits my schedule and finances to get the CMEs required by state	Sep 13, 2012 5:02 PM
2	Western Section does it all.	Sep 6, 2012 8:28 PM
3	I like meetings. It has been hard to break away. Online is more convenient. AUA updates work well for me.	Sep 6, 2012 8:15 AM
4	Prefer meetings for the professional contacts but time and finances dictate online CME	Sep 1, 2012 5:31 PM
5	I may need to switch to online though to meet goals in the future. Just another little thing.....	Aug 29, 2012 2:22 PM
6	also do AUA SASP	Aug 27, 2012 2:51 PM
7	I regularly do both	Aug 27, 2012 12:39 PM
8	I read a ton of stuff I never get "credit" for...I enjoy listening to the give and take at meetings so I can "weight" the validity of what my colleagues are saying.	Aug 27, 2012 11:14 AM
9	Sometimes online 1-2 credit CME for a specific issue	Aug 27, 2012 8:32 AM
10	both	Aug 27, 2012 7:27 AM
11	Grand rounds/Section/Annual association meeting more than suffice for CME requirements.	Aug 26, 2012 11:39 PM
12	both	Aug 26, 2012 11:32 PM
13	And Audio Digest	Aug 26, 2012 4:56 PM

Page 3, Q23. How often do you attend Western Section meetings? (select all that apply)

1	I go to AUA every year and other meetings. My partners prefer western section, so I cover.	Sep 13, 2012 8:11 PM
2	3-4 years When I can afford it.	Sep 13, 2012 6:22 PM
3	Only if the meeting is in Maui or Kawai	Sep 13, 2012 2:32 PM
4	new to section	Sep 13, 2012 2:06 PM
5	Going to my first one this year.	Sep 13, 2012 12:50 PM
6	Material and speakers have been disappointing. A lot of time for the value of the information gained	Sep 13, 2012 11:04 AM
7	no time.	Sep 13, 2012 8:33 AM
8	Too far (Hawaii)	Sep 13, 2012 7:51 AM
9	It's not a good time of year for me to travel and I prefer local meetings.	Sep 6, 2012 6:19 PM
10	almost every year - I miss about 1 of 5. Go to all in Hawaii	Sep 6, 2012 10:57 AM
11	I have found them to be very poor for education. Expensive for a social meeting, better to go to the AUA	Sep 6, 2012 9:28 AM
12	time away	Sep 6, 2012 9:11 AM
13	New to regional section but didn't attend in other settings. I tend to prefer on-line courses or specific/focused evolutions (e.g. this year attending the GU Oncology update sponsored by Harvard in Boston this October).	Sep 6, 2012 8:09 AM
14	Time and travel involved.	Sep 4, 2012 3:30 PM
15	just transferred from NE section	Sep 3, 2012 9:28 AM
16	With school aged kids fall meetings are tough.	Aug 30, 2012 3:44 PM
17	family time restraints	Aug 29, 2012 1:22 PM
18	Hard to get away in solo practice	Aug 28, 2012 8:27 PM
19	It is a bad weekend for me	Aug 27, 2012 7:05 PM
20	only associated w Western Section for 3 years and have gone to AUA meetings.	Aug 27, 2012 2:51 PM
21	I prefer an easy to access location, and not a pseudo-vacation mixed with lectures. Please minimize my travel time and my time away from home and family and practice.	Aug 27, 2012 1:27 PM
22	do not like big meetings get more from seminars	Aug 27, 2012 12:47 PM
23	Timing conflicts with school schedules	Aug 27, 2012 12:13 PM
24	As a pediatric urologist, it is sometimes difficult to justify a week-long meeting	Aug 27, 2012 11:42 AM

**Page 3, Q23. How often do you attend Western Section meetings? (select all that apply)**

with only a few peds related sessions.

25	I like to attend the UCLA or the USC meeting yearly...they are a reasonable drive from my home and it keeps the cost way down.	Aug 27, 2012 11:14 AM
26	Hawaii every 2 years is a financial burden on residency programs; and I like Hawaii	Aug 27, 2012 8:32 AM
27	I haven't missed one in many years.	Aug 27, 2012 8:29 AM
28	Yearly.	Aug 26, 2012 11:39 PM
29	love the locations	Aug 26, 2012 11:08 PM
30	usually it takes place when kids school is in session limiting my ability to be away from home; can't take kids to Hawaii or Vancouver (as much as I love those locations) due to school/cost.	Aug 26, 2012 9:57 PM
31	used to go every year, now about every third year. cost plus kids getting older/activities at school make it hard	Aug 26, 2012 9:39 PM
32	but hawaii is too far, too expensive, and during the school year.	Aug 26, 2012 8:55 PM
33	LITTLE INTEREST IN CONTENT	Aug 26, 2012 8:32 PM
34	every 2-3 years since my children can not take time off. I would go more often if it was during the summer.	Aug 26, 2012 6:29 PM
35	Rather attend the main meetings. Better scientific info.	Aug 26, 2012 6:15 PM
36	i often go to the AUA or take refreshing courses.	Aug 26, 2012 5:51 PM
37	Usually get CMEs at focused educational meetings	Aug 26, 2012 4:56 PM
38	young children have prevented the trip, will likely atten more in the future, espically if in Hawaii	Aug 26, 2012 4:47 PM

**Page 3, Q24. How would you rate the overall relevance, quality and value of the Western Section annual meetings?**

1	WSAUA a top notch meeting that is growing in health policy, a very important topic.	Sep 10, 2012 5:43 PM
2	rarely attend	Sep 6, 2012 9:11 AM
3	To many esoteric topics at the last one I attended. it did not do much to help me in my type of general urology practice	Sep 6, 2012 8:15 AM
4	New to Section -- can't really answer	Sep 6, 2012 8:09 AM
5	My favorite meeting	Aug 29, 2012 2:22 PM
6	The meeting agendas always look inviting	Aug 27, 2012 7:05 PM
7	I love to attend Western Section meetings and would like to attend more. Please make locations easier, less exotic, and less "please come because the location is wonderful" such as Monterey and Hawaii.	Aug 27, 2012 1:27 PM
8	Not every paper or poster needs to be accepted. Unmoderated posters of questionable academic value.	Aug 27, 2012 8:32 AM
9	love the "low key" atmosphere	Aug 26, 2012 11:08 PM