

# 2016 HEALTH POLICY

# SURVEY RESULTS

## Western Section American Urological Association



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

An educational supplement to the WSAUA Health Policy Forum,  
October 23, 2016 – Grand Hyatt Hotel, Kauai, Hawaii



## 2016 Health Policy Committee

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### **Advisors:**

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

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

# OVERALL RESPONSE RATE

Total Possible = 1,703

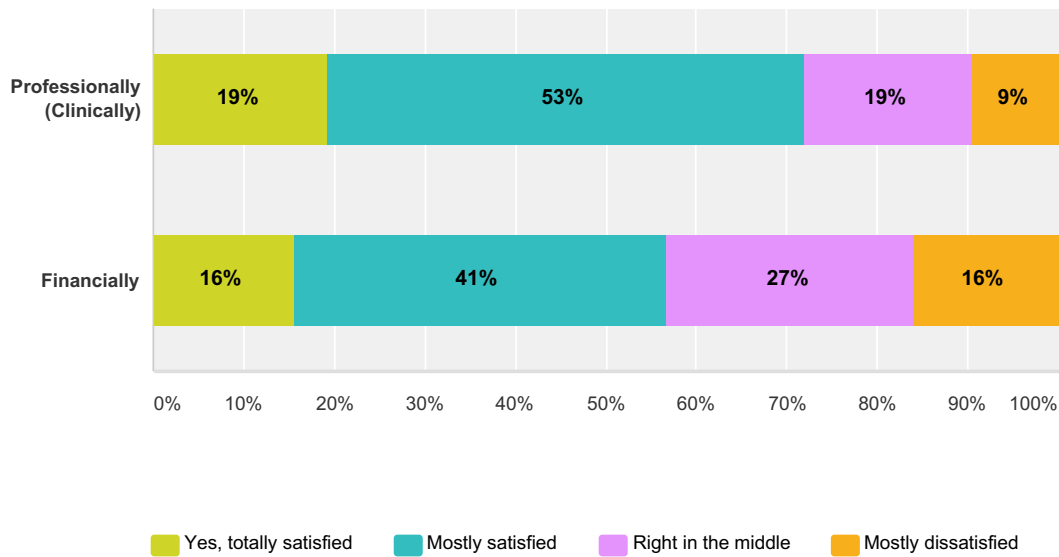
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Total Responding = 332

19.49%

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

Answered: 332 Skipped: 0



	Yes, totally satisfied	Mostly satisfied	Right in the middle	Mostly dissatisfied	Total
Professionally (Clinically)	19% 64	53% 175	19% 62	9% 31	332
Financially	16% 51	41% 134	27% 89	16% 52	326

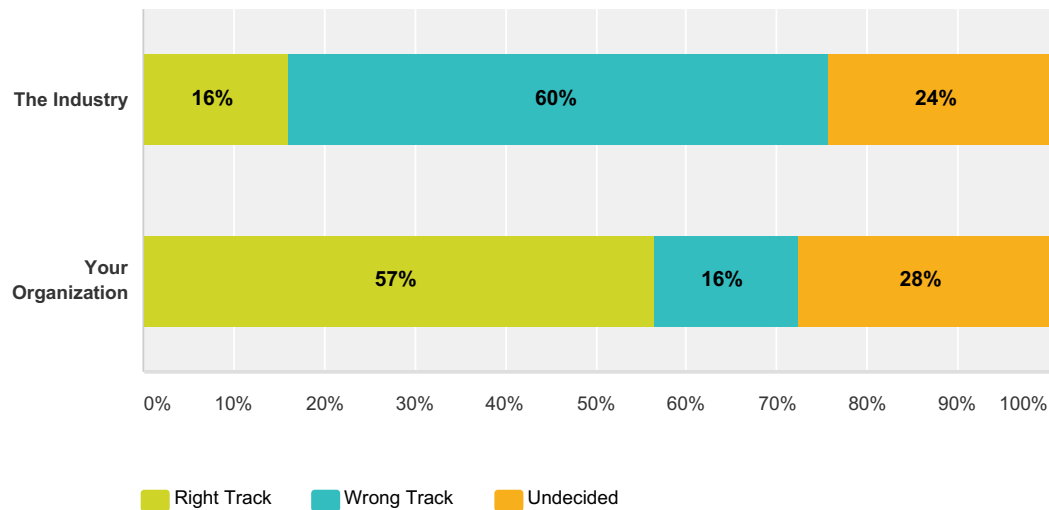
#	Comments	Date
1	Retired 4 weeks ago.	9/3/2016 10:30 AM
2	just too busy	9/2/2016 8:05 AM
3	gotta be room for improvement right?	8/31/2016 5:14 PM
4	In academic position. Could be paid more in private practice, but I like the security and lifestyle I have here.	8/31/2016 2:05 PM
5	Reimbursement rates keep getting reduced	8/27/2016 8:55 PM
6	I am discounted to death by insurance companies	8/25/2016 1:05 PM
7	Salaried	8/24/2016 10:19 PM
8	One could always earn more	8/24/2016 7:17 PM
9	I am working longer hours, seeing more patients, making less money. I have finally reached breaking point where I am contemplating retirement.	8/22/2016 6:04 PM
10	time spent dictating/charting after hours is most dissatisfying aspect	8/22/2016 11:37 AM
11	40% reduction in salary while working harder	8/22/2016 9:20 AM
12	Only started 2 years ago, going in the right direction	8/21/2016 3:04 PM
13	The Western US have abysmal reimbursement rates compared to the midwest and southeast. We have to work 1.5x harder to generate the same revenue with higher overhead costs. I am not sure there is that much of a shortage of Urologists in those areas to rationalize this place but clearly the Western Section of the AUA should address and discuss how to improve this. Our speciality is under attack from Medicare Reimbursement and other specialities (urogynecology has devastated our female urology practice) taking cases threatens the existence of our practices.	8/21/2016 2:51 PM

14	being with the Permanente Medical Group is very satisfying	8/21/2016 10:04 AM
15	retired	8/20/2016 6:18 PM
16	I do not see a possibility for financial growth	8/20/2016 5:22 PM
17	I'm a resident	8/20/2016 2:31 PM
18	retired in 2013	8/20/2016 2:09 PM
19	Wishing in part I was not by default practicing primarily female urology	8/17/2016 12:54 PM
20	my viability in practice is doubtful..My income has dropped by 50% in 7 years	8/16/2016 5:46 PM
21	semi retired	8/15/2016 5:30 PM
22	Clinically: Patient entitlement and demands are high in comparison to thankfulness. Financially, CMS continues to make care difficult.	8/13/2016 10:04 PM
23	For the first 20 years I was very satisfied both clinically and financially with my practice. The last 6 years have increasingly become more difficult to concentrate on the medical treatment of my patients, instead I have had to focus more on the EHR, prior authorizations, PQRS and other time consuming paper work rather than the clinical work.	8/12/2016 11:06 AM
24	RVU system is not equitable. They have turned us into sales people with sales numbers to hit.	8/8/2016 3:33 PM
25	After 8 years in a blue collar to no collar practice, I was able for the first time to pay my taxes and make my SEP without my mandatory distribution.	8/5/2016 10:01 AM
26	I work part time in a VA hospital. The paper work and secretarial work I have to do detracts from the mission of taking care of the patients.	8/4/2016 7:21 AM
27	Military	8/3/2016 10:11 PM
28	Work for Kaiser	8/2/2016 9:31 AM
29	Still dealing with personnel and clinic efficiency issues.	8/2/2016 8:37 AM
30	I have a great relationship with my patients and make enough money to keep happy	8/1/2016 7:10 PM
31	time/effort for business/ehr exceeds time for patient care.....getting worse	8/1/2016 3:39 PM
32	Which is why I retired at age 59, last year	8/1/2016 2:33 PM
33	was retiring,but our group ca not find a replacement, staying on one more year with a reduced schedule.	8/1/2016 11:01 AM
34	history of burnout high overhead	8/1/2016 9:41 AM
35	Colleagues are more interested in financial outcomes than patient care	7/31/2016 10:06 PM
36		7/31/2016 2:47 PM
37	Enjoyed my practice completely ,now retired.	7/31/2016 2:39 PM
38	Call responsibilities are increasingly onerous.	7/31/2016 1:59 PM
39	I am semi-retired, and love it. no stress. More time with patients. reimbursement terrible	7/31/2016 1:56 PM
40	Retired, financially comfortable. I worked for Kaiser for 31 years and we have a decent retirement plan	7/31/2016 1:45 PM
41	Frustrated with constant challenge of reimbursement.	7/31/2016 12:39 PM
42	Like everyone, unable to provide the quality of care because of insurance restrictions.	7/31/2016 12:05 PM
43	our surgical services are undervalued	7/31/2016 10:40 AM
44	Administration is aggressively undervaluing each physician's per RVU worth in preparation to convert to performance-based reimbursement.	7/31/2016 10:29 AM
45	Primary sources of dissatisfaction: electronic medical record, prior auth	7/31/2016 8:39 AM
46	Retired this year at age 59 Have never been happier	7/31/2016 8:38 AM
47	Falling reimbursements combined with restricted contracting, increased requirement for pre-authorization, continued threat of malpractice suits, onerous ER call (most often without reimbursement),irrelevant quality measures, increased demand for quality reporting--too much effort for too little reward. Still enjoy my patients though.	7/30/2016 10:32 AM
48	Wish we would get paid for call	7/30/2016 7:02 AM

49	I am 8 years into my practice and would prefer to limit some of the general urology and have physician extenders perform this work.	7/30/2016 7:01 AM
50	costs to run a practice have gone up, reimbursements for solo M.D.s are down. UCSF urologists get paid 3x what I get for same code. Nurses make more than doctors in my community. Hospitals are now running medicine thru the prism of big business with service and care aimed at more tests less talking to patients.	7/30/2016 6:16 AM
51	I am a retired urologist and on the board of a large community clinic.	7/29/2016 11:26 PM
52	EHR and on line demands have taken the autonomy and enjoyment out work except for surgery- when I get there	7/29/2016 6:24 PM
53	Too much time devoted to authorizations insurance.	7/29/2016 4:19 PM
54	business office needs to have skin in game-- e.g. biller needs to have income tied to billing	7/29/2016 3:35 PM
55	I am academic and things are changing rapidly (not for better!)	7/29/2016 3:35 PM
56	I would be totally satisfied in both areas if there was not so much interference from government and insurance companies. EHR is a total disaster.	7/29/2016 2:45 PM
57	New regulations and coding interfere with patient care	7/29/2016 2:28 PM
58	Full time VA	7/29/2016 1:54 PM
59	decrease in reimbursement and collections as I progress through years in my practice	7/29/2016 1:03 PM

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

Answered: 332 Skipped: 0



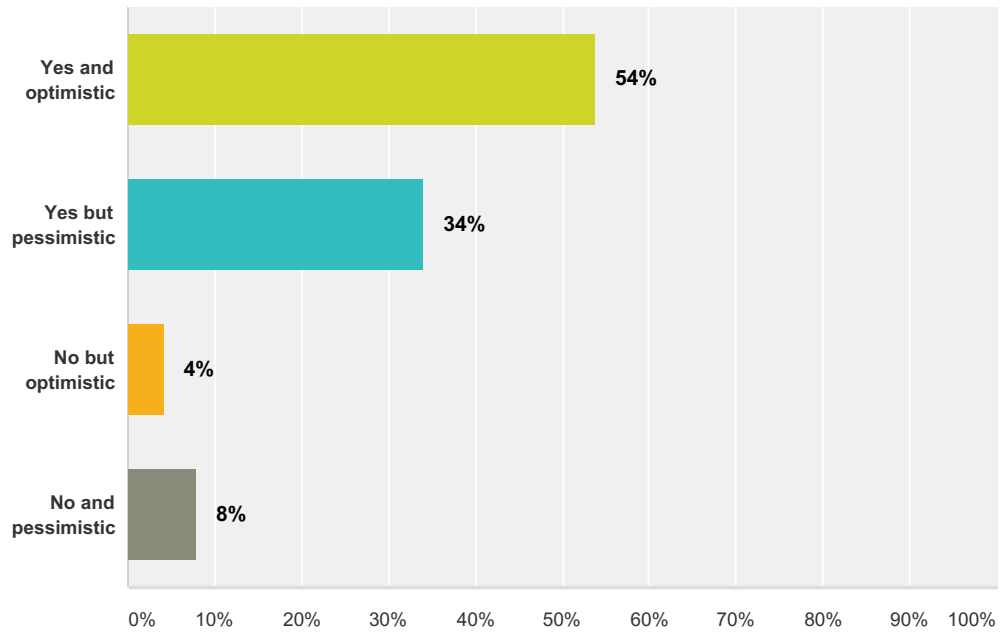
#	Comments	Date
1	too much regulation	9/2/2016 8:05 AM
2	Kaiser	8/24/2016 7:17 PM
3	we are still committed to providing excellent care to her patients. our health care environment does not allow us to continue on this medicine.	8/22/2016 6:04 PM
4	I think my organization is staying on the forefront, the question is, is this the correct forefront	8/22/2016 11:37 AM
5	American health policy needs to be changed.	8/21/2016 3:53 PM
6	We are on the right track to implement a wrong track of policy.	8/21/2016 2:51 PM
7	Government has completely ruined the market	8/19/2016 7:02 PM

8	Currently in a state of change with a partner leaving and possible hospital merger going on in town	8/17/2016 12:54 PM
9	Increasing amount of paperwork with little benefit	8/16/2016 6:31 PM
10	I hesitate to think what medicine will look like under Mrs. Clinton!	8/15/2016 5:30 PM
11	Can't really answer this question because we do not like the way we have to practice medicine with all these new CMS requirements and is quickly forcing me to decide whether to keep on working.	8/12/2016 11:06 AM
12	overall docs being marginalized to corporatization of medicine	8/10/2016 8:17 AM
13	Physicians need to work together. we need to lead the charge and turn things around.	8/8/2016 3:33 PM
14	I have stuck to one non-profit community hospital. I did not get multiple privileges. Now patients come to me from far and wide.	8/5/2016 10:01 AM
15	The programed reimbursement tends to get in the way of practicing medicine.	8/4/2016 7:21 AM
16	I strongly support the Affordable Care Act. The new accountability of health care is long over due.	8/2/2016 7:28 AM
17	we have to find a way to keep costs down	8/1/2016 7:10 PM
18	right track as far as one is able to direct it while combating outside interference	8/1/2016 3:39 PM
19	Dignity health is leading the corporate practice of medicine, money first, get more patients and mds working harder	8/1/2016 11:01 AM
20	playing field favors big organizations with lobbyists	8/1/2016 8:32 AM
21	Corporate medicine and ACOs are bad for the profession and bad for patient care.	8/1/2016 8:06 AM
22	EMR priority should be one program for all. Everything else should be on hold until that is done	7/31/2016 7:20 PM
23	I truly believe universal healthcare has to become law.	7/31/2016 2:39 PM
24	still small/ independent but not sure we can conform to new macra rules	7/31/2016 10:40 AM
25	EMR is too burdensome	7/31/2016 8:46 AM
26	I am a strong supporter of a single payor system, but recognize that the political climate will not allow for that at this time. But the current industry organization is not sustainable, and I'm hoping that we make incremental changes toward a single payor system.	7/31/2016 8:41 AM
27	Obscene costs of medication prevent many patients from complying with treatment recommendations. Larger insurance companies buying smaller competitors limits options in the market, drives up costs and lowers physician reimbursement and flexibility. I tried joining a large group--HATED IT, HATED IT. Worse mistake I've made in 33 years of practice. Too much dishonesty and too many compromises. Better off alone but the future of healthcare will make that impossible.	7/30/2016 10:32 AM
28	My practice works well currently but the healthcare industry is going to change very soon and it is very difficult to predict if my practice will work in the future or if alliances will need to made.	7/30/2016 7:01 AM
29	AUA should have fostered an AUA business plan to foster an economic response to Hospitals and big ins. co like United Health Care	7/30/2016 6:16 AM
30	disorganized	7/29/2016 8:37 PM
31	Insurers, hospital admins, pharma and politics are involved in "industry" and taken away the art from medicine	7/29/2016 6:24 PM
32	Healthcare is a mess! AUA great!	7/29/2016 2:45 PM
33	Our organization tries to promptly respond to regulatory changes even though we completely disagree with the direction healthcare is heading.	7/29/2016 2:34 PM
34	Only way to adapt is large practice	7/29/2016 2:28 PM
35	Obamacare has poisoned everything	7/29/2016 1:54 PM
36	way too much influence by 1) for-profit organizations and 2) both Federal and institutional bureacracts	7/29/2016 1:03 PM



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

Answered: 332 Skipped: 0

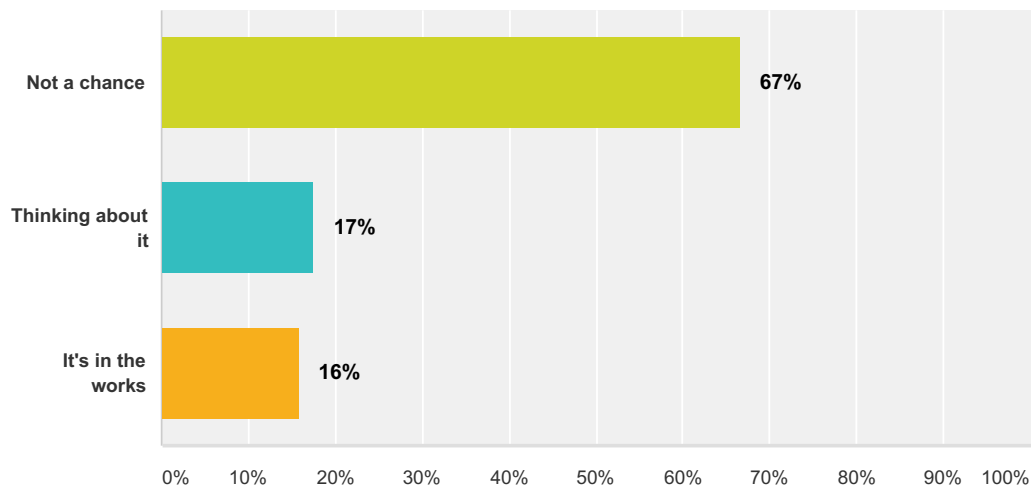


#	Comments	Date
1	As a solo practitioner, survival is getting harder.	8/24/2016 7:55 PM
2	Left a University Practice for the VA because I was concerned the University practice was not viable.	8/22/2016 11:39 AM
3	retired but comments from active people, pessimistic	8/20/2016 6:18 PM
4	emr would have broke me	8/20/2016 2:09 PM
5	Solo practice in an unsupported rural community, and hospital just got taken over by a regional beamoth.	8/17/2016 4:54 PM
6	I feel that I have no control over my practice or direction of my community professional future.	8/17/2016 1:35 PM
7	The other partner plans to retire in 3 years...	8/17/2016 12:54 PM
8	Iwill retire sometime this year	8/15/2016 5:30 PM
9	originally planned to work for another 5 years but due to the requirements don't think will last that long. Hope to at least stay open for another 2 years.	8/12/2016 11:06 AM
10	Looking to become employed	8/1/2016 5:07 PM
11	I an employed by a large University system	8/1/2016 1:08 PM
12	retiring soon	8/1/2016 11:01 AM
13	yes but unsure	8/1/2016 9:41 AM
14	due to government incentives abd penalties	8/1/2016 8:32 AM
15	Anticipate continued declining pay for patient care and increasing hassle from government and employers.	8/1/2016 8:06 AM
16	Believe federal involvement in medicine has been and will continue to be counterproductive	7/31/2016 10:34 PM
17	Maybe not 5 to 10 years	7/31/2016 7:20 PM
18	Hospital based	7/31/2016 3:20 PM
19	Retired because solo practice was an anachronism.	7/31/2016 2:39 PM
20	demand for our expertise is increasing	7/31/2016 1:59 PM
21	doubt residents with attempt private practice. we cannot compete with the hospital salaries and benefits	7/31/2016 1:56 PM
22	My 29 year old daughter is a PG3 Ortho resident. I am hopeful that her professional life will be as good as mine was.	7/31/2016 1:45 PM

23	We have a good balance of physicians and individual preferences of specialties	7/31/2016 11:46 AM
24	EMR issues	7/31/2016 8:46 AM
25	Retired and my partners (still working) are not happy with the practice of medicine	7/31/2016 8:38 AM
26	I hate to be so negative but I see nothing but bad things in the future: further decreased reimbursement, increased penalties, increased overhead, ever increasing limitations on contracting. For Urology, a concierge practice is not feasible (but attractive).	7/30/2016 10:32 AM
27	My practice is viable but we may need to consider consolidation with other groups in the next 3-5 years to remain viable	7/30/2016 7:01 AM
28	too fragmented	7/29/2016 8:37 PM
29	if computer driven systems more "user friendly" - doctors not computer companies	7/29/2016 6:24 PM
30	Good for about 3-5 years then work for larger organization	7/29/2016 4:19 PM
31	Insurance and government are trying to close all private practices! EHR is killing medicine	7/29/2016 2:45 PM
32	Can't predict the VA. Depends on next President	7/29/2016 1:54 PM
33	Only because of subsidy by research and philanthropy, though.	7/29/2016 1:03 PM

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

Answered: 332 Skipped: 0

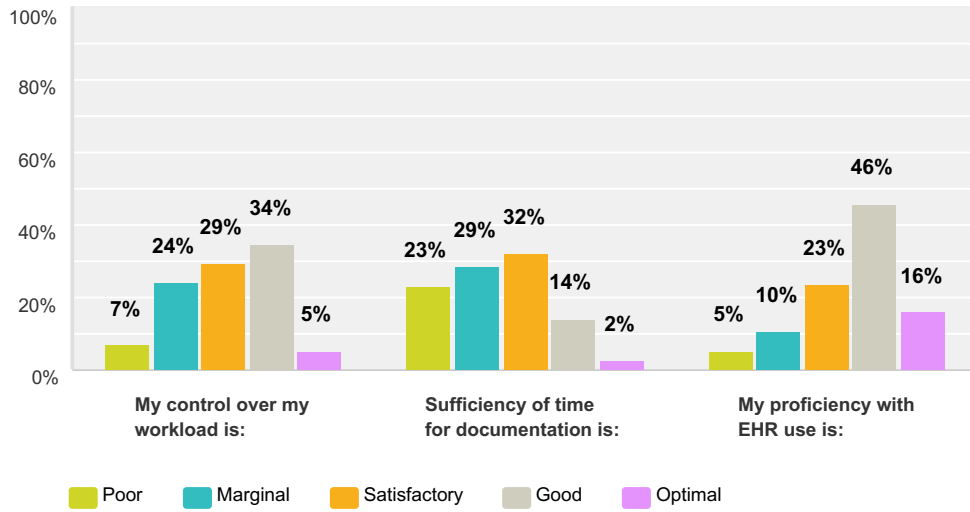


#	Comments	Date
1	Retired 4 weeks ago.	9/3/2016 10:30 AM
2	Too young	9/3/2016 8:18 AM
3	I'm too young	8/31/2016 2:05 PM
4	Would if I could, but need the income.	8/24/2016 8:07 PM
5	Too young	8/24/2016 7:17 PM
6	I likely will retire in 3 year at 60 but not because of dissatisfaction	8/21/2016 10:04 AM
7	done	8/20/2016 6:18 PM

8	Too much debt and just starting out	8/19/2016 4:25 PM
9	May change structure of practice significantly though.	8/17/2016 12:54 PM
10	mostly because of my age, somewhat because of problems related to evolving healthcare in general [growing pains ]. If there is no ongoing opposition to "Obama Care ", things will settle down for the benefit of all. Our incomes may go down, but that is to be expected if we are to provide care to all americans.	8/16/2016 5:46 PM
11	Unless all the forth coming requirements are delayed or stopped I will not be able to stay a solo practice for long. I hope to hang in there for another 2 years.	8/12/2016 11:06 AM
12	I used think 77 was it but that's coming right up and I'm still playing singles tournament tennis and skiing the black diamond trails	8/5/2016 10:01 AM
13	I am only 59, but cannot sustain the level of record keeping, number of new patients, increased administrative burden, and all for less pay. I would like to work until 64/65, but it's simply not worth it	8/2/2016 7:01 AM
14	because of age not professional or financial	8/1/2016 8:41 PM
15	retired 12 months ago	8/1/2016 2:33 PM
16	I retired last year.	8/1/2016 1:40 PM
17	employed and I am 65 so happy here. If I was self employed , private practice I would be considering retirement.	8/1/2016 1:08 PM
18	I plan to work for 9-10 years	8/1/2016 9:41 AM
19	I love medical care but not documenting for incentives	8/1/2016 8:32 AM
20	Only 56 years old	7/31/2016 7:20 PM
21	Now retired.	7/31/2016 2:39 PM
22	Already retired	7/31/2016 1:45 PM
23	Based on my age of 69 now	7/31/2016 11:46 AM
24	But looking to change jobs	7/31/2016 11:37 AM
25	To early in career	7/31/2016 10:35 AM
26	I have only been practicing 9 years.	7/31/2016 9:47 AM
27	I have smaller children. Can not think I can have a major professional change now	7/31/2016 8:41 AM
28	2 more years full time, max	7/31/2016 8:39 AM
29	It's a done deal!	7/31/2016 8:38 AM
30	I am retired	7/29/2016 11:26 PM
31	I am 78 years old	7/29/2016 8:37 PM
32	too much debt	7/29/2016 6:24 PM
33	Also dissatisfaction with Board renewals.	7/29/2016 4:19 PM
34	too young to retire	7/29/2016 3:35 PM
35	I don't want to retire but I don't want to be a slave to a big healthcare system	7/29/2016 2:45 PM
36	Unlikely, but not completely ruled out.	7/29/2016 2:34 PM
37	Definitely	7/29/2016 1:54 PM

### Q5 Workload

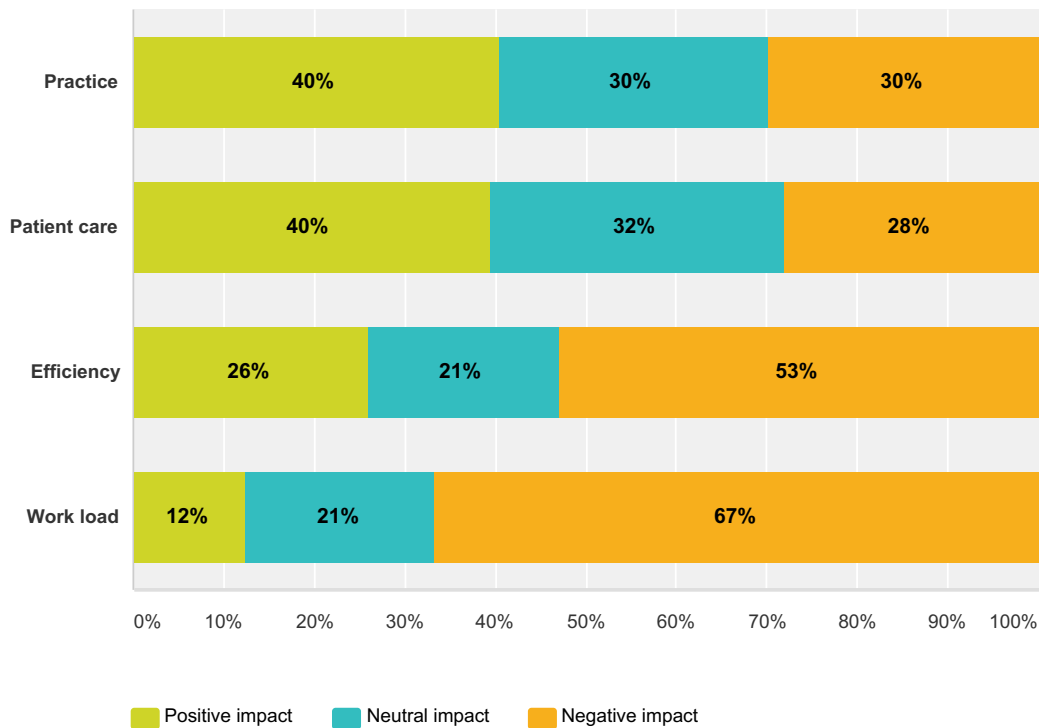
Answered: 332 Skipped: 0



	Poor	Marginal	Satisfactory	Good	Optimal	Total	Weighted Average
My control over my workload is:	7% 23	24% 80	29% 97	34% 114	5% 17	331	3.07
Sufficiency of time for documentation is:	23% 76	29% 94	32% 104	14% 45	2% 8	327	2.43
My proficiency with EHR use is:	5% 16	10% 34	23% 77	46% 151	16% 53	331	3.58

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

Answered: 331 Skipped: 1

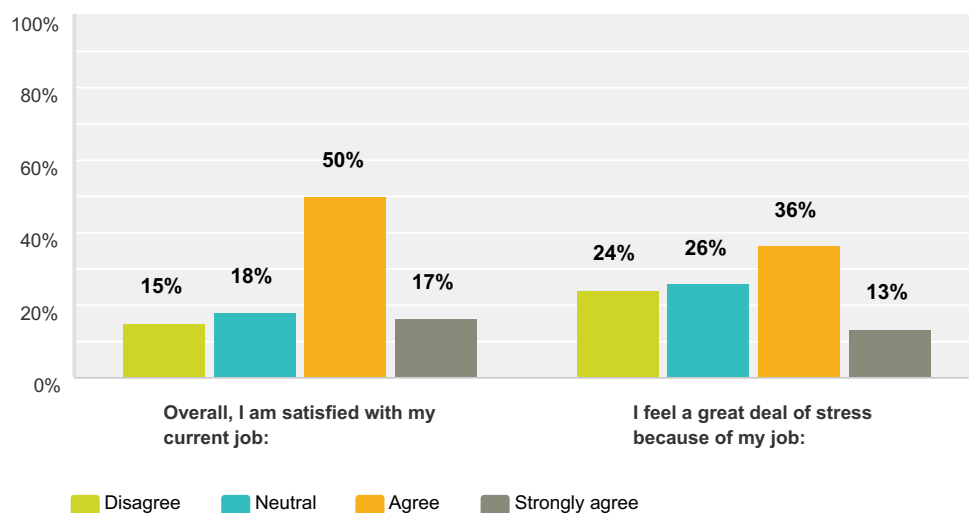


#	Comments	Date
1	I hired a scribe to reduce my EMR time	9/6/2016 9:07 PM
2	floodgate broken--- immediate patient demands	9/2/2016 8:05 AM
3	I can work on my EHR all over the world.	8/25/2016 7:05 PM
4	i am no longer a urologist, but a semi-professional data entry specialist	8/25/2016 6:30 PM
5	EHRs are only for the institutions, not for doctors or patients.	8/21/2016 3:04 PM
6	Under practice and work load you need a category: CRIMPLING IMPACT	8/21/2016 2:51 PM
7	good in patient care but the desktop work increases	8/21/2016 10:04 AM
8	see 3	8/20/2016 2:09 PM
9	Multiple systems and they crash a lot, creating needless work	8/20/2016 2:04 PM
10	Very slow, many clinically unimportant details to attend to and it encroaches on time and relationship with patient	8/17/2016 12:54 PM
11	I do not have EMR and do not intend to get one.	8/16/2016 5:46 PM
12	Spent lots of time testing out various EHRs but due to lack of typing skills and age was not able to use computer so gave up. Not on EHR at this time. Took too much time and affected my interaction with the patients. More mistakes made with EHR than hand writing in chart.	8/12/2016 11:06 AM
13	It has just added more work.	8/8/2016 3:33 PM
14	Access and documentation is better (Hosp) but at the expense of more time for the Doc.In the office past prog notes have beyond the most recent. This takes more time.	8/5/2016 10:01 AM
15	Need to do a lot more to accomplish the same outcome.	8/2/2016 9:31 AM
16	Could not do the volume of work without EHR	8/2/2016 7:28 AM
17	patient email can be burdensome	8/2/2016 6:17 AM
18	EHR is single greatest factor introducing inefficiency into medical care	8/1/2016 6:30 PM
19	While I can make an EMR work as well as it was designed, It will never allow the same productivity as my old paper chart system	8/1/2016 1:08 PM
20	they are not designed for our use and needs the availability of old notes,labs.xrays and writing Rxs is helpful, the rest a pain	8/1/2016 11:01 AM
21	definitely takes more time	8/1/2016 8:55 AM
22	take away government regulation and technology becomes entirely positive	8/1/2016 8:32 AM
23	Having the information at hand is a definite plus, but I have a lot more time with data entry and the quality of the information is variable. EHR is for payors and lawyers, not doctors or patients	8/1/2016 8:06 AM
24	EMR has not helped the doctor yet	7/31/2016 7:20 PM
25	Patient calls are most time-consuming	7/31/2016 3:04 PM
26	no EHR for me	7/31/2016 2:37 PM
27	Switching EHR's because inefficiency of old one	7/31/2016 12:39 PM
28	Adds extra time and distraction filling the form "clicking. clicking!!" Feel like a statistician	7/31/2016 11:46 AM
29	Mostly phone visits	7/31/2016 11:13 AM
30	The EHR has turned physicians into ward clerks and transcriptionists in addition to our clinical roles. It has changed the focus of our efforts away from patient care to producing boiler plate documentation.	7/31/2016 10:42 AM
31	Nice to have electronic information, but extra work effort is not compensated.	7/31/2016 10:35 AM
32	It has reduced me to an account and biller than a Health practitioner	7/31/2016 9:47 AM

33	As a surgical subspecialist, I am highly dependent on referrals. Without electronic transfer of information, it would be impossible to manage all the different sources of data. That being said, I bemoan the lack of a uniform EHR system, such as the VA has. My organization's EHR is geared more towards capturing billing elements than it is toward medical data organization and presentation.	7/31/2016 8:41 AM
34	The Ehr takes an average of 2-3 hours of extra work a day if it is done right. It is impersonal for patients and provides a very unsatisfactory Doctor patient relationship	7/31/2016 8:41 AM
35	was spending way too much time at the computer and less time face to face with patients. Time at the computer is uncompensated.	7/31/2016 8:38 AM
36	I spent 4 years using EHR but found it expensive, failed to increase (or even maintain) quality and safety, cost an estimated 15% productivity tax (someone had to do the work and spend the time on data entry). Happiest since I quit my computer and went back to paper (but still have robust data entry; just not electronic).	7/30/2016 10:32 AM
37	The worst waste of my time in the office, hospital.	7/30/2016 7:28 AM
38	EhR allows me to bill a higher rate so more efficient. I understand it is a lot of paper to a note a 95% worthless and doesn't communicate with other EHR's. But I click fast and use Dragon. So got the hang of it. Plan is the only thing worth reading in these 6 page notes.9	7/30/2016 7:02 AM
39	The EMR is very efficient but at times the instant communication between patients, my staff, an myself becomes overwhelming and patients believe instant access to their MD, who is frequently in surgery and not available, should be provided	7/30/2016 7:01 AM
40	will not use EHR	7/29/2016 8:37 PM
41	3 hospitals - 3 different EHRs that don't talk to each other and added text program that we "must" use has taken all my free time and makes me accessible 24/7/365 - even on holiday	7/29/2016 6:24 PM
42	It is like Stockholm Syndrome. We are held captive and have to side with our captors or be killed. Why are there surveys asking which EHR is the best???? They all suck!!!	7/29/2016 2:45 PM
43	EHR (CPRS) for VA is excellent	7/29/2016 1:54 PM
44	I have a scribe which makes my productivity high.	7/29/2016 1:52 PM
45	didn't know anything else!	7/29/2016 1:48 PM
46	took 4 years to get back to baseline. Scribes + templates have helped tremendously.	7/29/2016 1:03 PM
47	I have a scribe, which helps substantially!	7/29/2016 12:56 PM

### Q7 Please tell us about your personal well being:

Answered: 331 Skipped: 1



#	Comments	Date
1	Too many hours doing paperwork	8/27/2016 8:55 PM
2	I wouldn't say great deal of stress, but the stress is real and family and I suffer as a result of time	8/22/2016 11:37 AM
3	Great to have started on my own, doing what I want	8/21/2016 3:04 PM
4	my stress is not because of the practice but more because of my admin role	8/21/2016 10:04 AM
5	i don't work	8/20/2016 2:09 PM
6	Big part is because it was my first year in practice after training	8/20/2016 2:04 PM
7	Satisfied with my clinical patient portion of the practice (except for having to deal with the insurances to get authorizations. Several times have had to spend time on the phone speaking to their medical director to appeal a denial of a procedure). Very dissatisfied with having to spend more time asking patients about PQRS questions that don't really relate to urology just to meet the reporting requirements.	8/12/2016 11:06 AM
8	This is the stress of doing significant work. Frequently the patient's life is in the balance. Doing trivia is more stressful. You feel your life dribbling away.	8/5/2016 10:01 AM
9	If I was Self employed, I would give very different responses.	8/1/2016 1:08 PM
10	remeber staying one as grupop can not find a urologist working a less full demanding pace which is good	8/1/2016 11:01 AM
11	Many of the stresses are government imposed, for no patient benefit	8/1/2016 8:32 AM
12	Just lost 2 excellent nurses	7/31/2016 3:04 PM
13	Retired	7/31/2016 2:39 PM
14	government intrusion is getting to be too much	7/31/2016 2:37 PM
15	main stressor relates to after-hours call work	7/31/2016 1:59 PM
16	It's great being retired, but I miss practicing urology	7/31/2016 1:45 PM
17	more then in the past related to regulations, not patients	7/31/2016 10:40 AM
18	Care for patients is still enjoyable. The excessive tasks required by physicians to complete that could should be done by other care team members hinders ability to focus on patient- distractions	7/31/2016 9:48 AM
19	EMR is too burdensome	7/31/2016 8:46 AM
20	the answers refer to when I was at work	7/31/2016 8:38 AM
21	EHR requirements	7/30/2016 1:59 PM
22	It just isn't as much fun as it used to be. Such a shame!	7/30/2016 10:32 AM
23	Being a physician itself has some stress	7/30/2016 7:28 AM
24	EMR inbasket, unreasonable patient demands, overwhelming adminstrative burdens, fear of future changing payment models and being able to pay my bills and save for retirement	7/30/2016 7:01 AM
25	like what I used to do: take care of patients but not thrilled with taking care of numbers and computers	7/29/2016 6:24 PM
26	Love my patients and doctoring them. All stress is from EHR and Insurance companies and government	7/29/2016 2:45 PM
27	VA hierarchy out of touch	7/29/2016 1:54 PM
28	Stressful, but mostly self-inflicted (and therefore controllable)	7/29/2016 1:03 PM

**Q8 Using your own definition of "burnout,"  
please select one of the answers below:**

Answered: 329 Skipped: 3

Answer Choices	Responses
I enjoy my work. I have no symptoms of burnout.	18% 59
I am under stress, and don't always have as much energy as I did, but I don't feel burned out.	45% 147

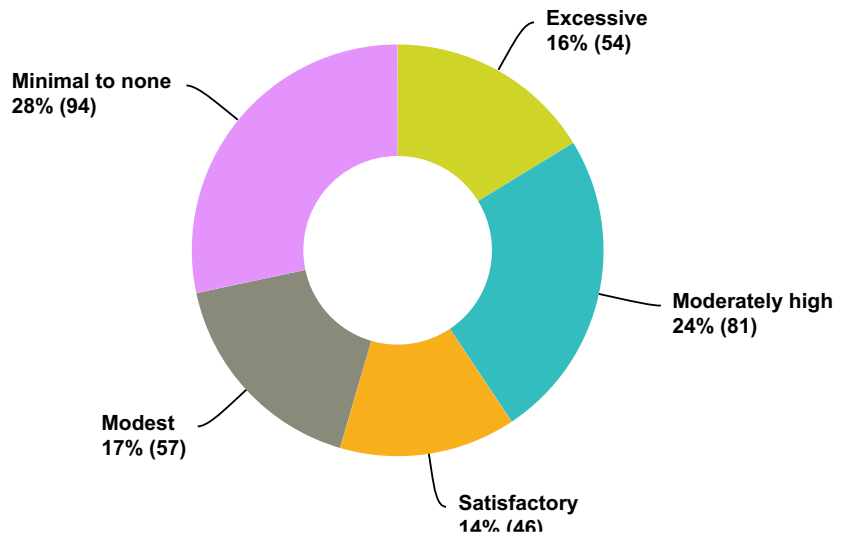
I am definitely burning out and have one or more symptoms of burnout, e.g., emotional exhaustion.	26%	84
The symptoms of burnout that I'm experiencing won't go away. I think about work frustrations a lot.	9%	31
I feel completely burned out. I am at the point where I may need to seek help.	2%	8
<b>Total</b>		<b>329</b>

#	Comments	Date
1	I would not say I feel burned out but definitely frustrated.	9/2/2016 6:17 PM
2	yet	8/25/2016 6:30 PM
3	While at the University the EHR required too much time at work and at home. Much better now at the VA	8/22/2016 11:39 AM
4	retired	8/20/2016 6:18 PM
5	I am entitled at age 80!!!!	8/15/2016 5:30 PM
6	I will be retiring sooner than expected because of burnout from all these mandated requirements and changes in the medical industry	8/12/2016 11:06 AM
7	was burnt out until 8 years ago escaped 15 years of every other nite call and stopped taking call the last 3 years otherwisw i was burnt out	8/1/2016 11:01 AM
8	already getting help and going to Heart of the Healer retreat next month	8/1/2016 9:41 AM
9	Government regulation is the fixable cause.	8/1/2016 8:32 AM
10	losing respect for hospital administrators	7/31/2016 10:06 PM
11	I do have periods that I feel burnout.	7/31/2016 7:24 PM
12	Retired because of burnout.	7/31/2016 2:39 PM
13	i had terrible stress and brnout before going to part time	7/31/2016 1:56 PM
14	I never felt burt out in 34 years (counting residency)	7/31/2016 1:45 PM
15	Been at it 34 years	7/31/2016 11:46 AM
16	Actually "burned out" about 2 years ago, but recovered enough, and changed my practice to be able to continue.	7/31/2016 10:29 AM
17	The volume of work: documentation, billing, authorization and pre authorization resubmitting payments is leading to feeling of apathy	7/31/2016 9:47 AM
18	I am only 8 years into practice which would translate into "mile 8 of a marathon". If I went at this pace, I would never make the finish line. I am currently trying to "say no" more to reduce workload and come up with better practice solutions to reduce burnout. However, this was the first year I truly felt symptoms of burnout including decreased energy, bowel symptoms, weight loss, decreased appetite, poor sleep patterns, increased anxiety	7/30/2016 7:01 AM
19	guess you figured out main reason why	7/29/2016 6:24 PM
20	I have sought help and undergoing treatment for depression.	7/29/2016 2:34 PM
21	Stress from VA bureaucracy, not practice itself	7/29/2016 1:54 PM
22	I get tired after a long case, byt, hey, I'm getting older.	7/29/2016 1:45 PM
23	In my previous solo practice 8 mos ago, I would have said completely burned out	7/29/2016 1:10 PM

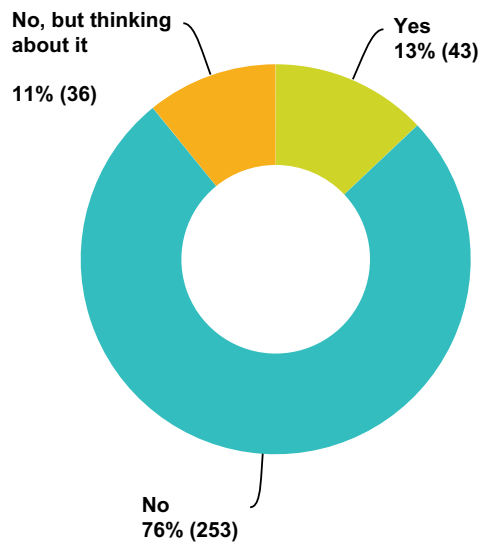


**Q9 The amount of time I spend on the electronic health record (EHR) at home is:**

Answered: 332 Skipped: 0



**Q10 SCRIBES: Have you ever used scribes in your clinic?**

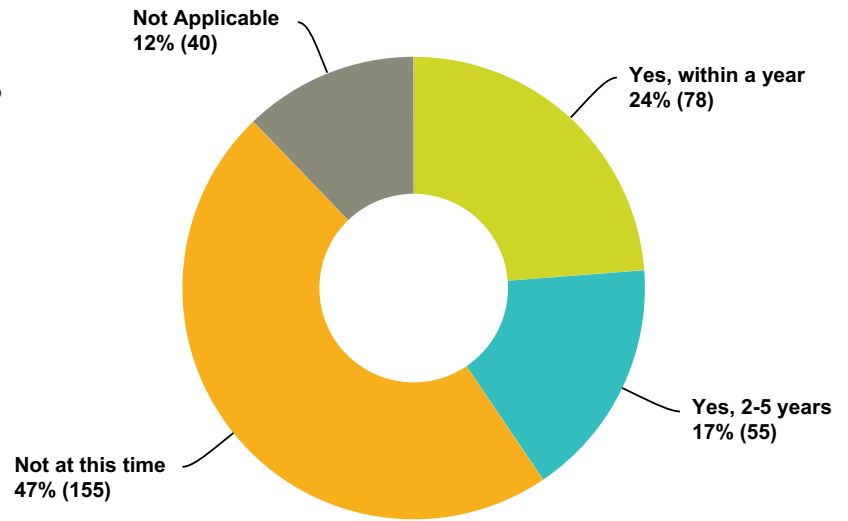


#	Comments	Date
1	Would be beneficial	9/2/2016 12:09 PM
2	Didn't work out well	8/26/2016 7:10 AM
3	I have brought this up with my department, but they are against hospital policy	8/24/2016 8:07 PM
4	I am actively seeking this, as I think it would improve my quality of life	8/22/2016 11:37 AM
5	Do not use EHR	8/20/2016 6:18 PM
6	One of my partners uses them.	8/20/2016 5:08 PM
7	I spend 30 mins a day to do paper billing.	8/16/2016 5:46 PM

8	Cost too much	8/13/2016 10:04 PM
9	I currently do not have an EHR nor do I plan to get one. I will retire first	8/12/2016 11:06 AM
10	they said it was too expensive and stopped the service	8/8/2016 3:33 PM
11	I'm think more about recruiting a P.A.	8/5/2016 10:01 AM
12	not affordable	8/1/2016 9:21 AM
13	I could not function efficiently without scribes	8/1/2016 8:32 AM
14	Only one faculty physician gave himself access to a scribe and RNP	7/31/2016 10:06 PM
15	I want to try my new EHR before doing.	7/31/2016 12:39 PM
16	Scribes introduce another layer of human error, additional work to review notes, additional steps to work into an already complex workflow!	7/31/2016 10:35 AM
17	Tried it with a PA and an NP in the past, but found that they wanted to build their own practices and felt that they were being under-utilized.	7/31/2016 10:29 AM
18	Cost prohibitive	7/31/2016 9:48 AM
19	Scribes, properly used, are a must	7/31/2016 8:55 AM
20	Do medical students and residents count as scribes?	7/31/2016 8:41 AM
21	Didn't work out - made me less efficient	7/31/2016 8:38 AM
22	I don't spend time on EHR because I've put my computers on a shelf where they're gathering dust. Using Scribes is just another way to enable the software companies who should improve their product so Scribes are not necessary. If they feel no pressure to update their programs because doctors use Scribes, nothing will ever improve.	7/30/2016 10:32 AM
23	was helpful bt added quite a lot to my expenses	7/30/2016 7:28 AM
24	I don't think patients want another person in the room with the sensitive discussions that we have in urology	7/30/2016 7:01 AM
25	have needed PT and steroid injections for cshomputer work related overuse so scribe is in the works but has been for 8 month	7/29/2016 6:24 PM
26	we would like to but can't get hospital to agree	7/29/2016 3:35 PM
27	Pts love it - I live it	7/29/2016 2:28 PM
28	best option for my practice	7/29/2016 1:52 PM
29	I wish!	7/29/2016 1:48 PM
30	Can't imagine working without them anymore.	7/29/2016 1:03 PM

### Q11 Are you looking for a partner?

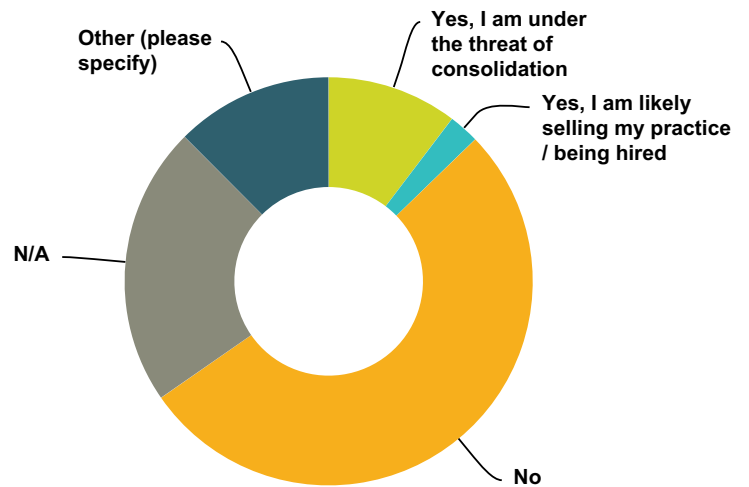
Answered: 328 Skipped: 4



#	Comments	Date
1	I have not actively looked for a partner as few if any urologists would want to enter a private practice setting.	9/2/2016 6:23 PM
2	Utah is overwhelmed with Urologists	8/25/2016 6:34 PM
3	Just hired one	8/24/2016 10:21 PM
4	May be adding physicians as population grows	8/22/2016 11:42 AM
5	We are looking for a fellow or apprentice	8/21/2016 3:06 PM
6	Not nearly enough clinical volume local to even think about a partner.	8/17/2016 4:56 PM
7	Just hired an associate. May hire one more in 2 years.	8/17/2016 9:45 AM
8	Not enough money here.	8/5/2016 10:06 AM
9	Yes, we just hired someone this week who will start in six months	8/2/2016 7:36 AM
10	hireed 2 new partners, one left at 3 years and the other at 1 year combination of personal and the position the first would have been \$110,000 short of his 2 year quareentee went he was on production	8/1/2016 11:08 AM
11	Just added one	7/31/2016 11:49 AM
12	Looking for a PA to help with workload	7/31/2016 9:50 AM
13	Just hired one. 5 of us now	7/30/2016 7:05 AM
14	academic group	7/29/2016 6:27 PM
15	Hard to find	7/29/2016 4:20 PM
16	Won't find anyone to come to our small town	7/29/2016 2:50 PM

### Q12 Has your practice been impacted by hospitals' hiring of urologists?

Answered: 329 Skipped: 3



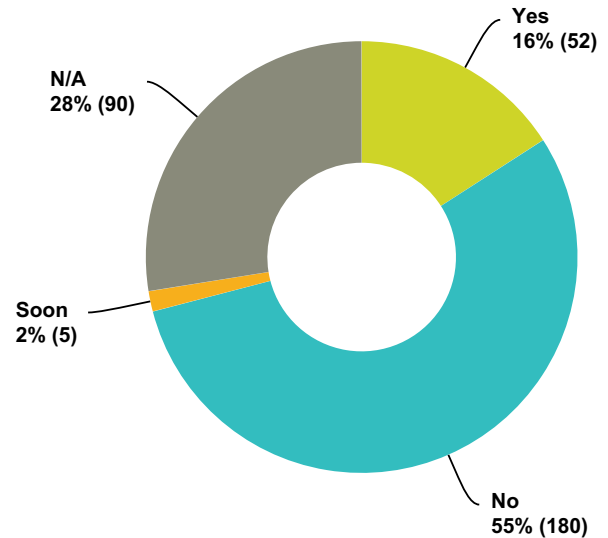
Answer Choices	Responses	Count
Yes, I am under the threat of consolidation	10%	34
Yes, I am likely selling my practice / being hired	2%	8
No	53%	173
N/A	22%	73
Other (please specify)	12%	41
<b>Total</b>		<b>329</b>

#	Other (please specify)	Date
1	Work at VA.	9/3/2016 10:33 AM
2	Our hospital has not hired any urologists. The 4 urologists in town have had some negotiations with the hospital but this process is in its infancy. The hospital has hired most of the other urological specialists.	9/2/2016 6:23 PM
3	financially being an independent practice is hard and we are looking at joining a group	9/1/2016 1:49 PM
4	I am employed	8/30/2016 3:17 PM
5	I work for the hospital	8/28/2016 11:08 AM
6	I am a hired gun	8/26/2016 7:11 AM
7	clinics and hospitals are hiring Urologist when there is no need	8/25/2016 6:34 PM
8	The hospital simply hires MD's regardless of local need	8/24/2016 7:58 PM
9	I already AM hospital employed	8/22/2016 11:42 AM
10	Yes, we directly compete with a large hospital system	8/20/2016 5:10 PM
11	I am an employee of the hospital.	8/20/2016 5:00 PM
12	I've already gone to the Dark Side. I am a hospital employee	8/20/2016 7:11 AM
13	no hospital urologist yet.	8/16/2016 5:48 PM
14	Our practice was sold already	8/15/2016 3:35 PM
15	In one of our offices we have that stress	8/2/2016 7:36 AM
16	no	8/1/2016 11:08 AM
17	Has limited some insurance companies (banner) to only use their employees urologists	8/1/2016 9:19 AM

18	Already hospital employed	8/1/2016 8:08 AM
19	I work for the hispital	7/31/2016 10:38 PM
20	Employed by hospital	7/31/2016 7:43 PM
21	hospital employed	7/31/2016 4:30 PM
22	I joined hospital practice	7/31/2016 3:22 PM
23	We are the primary group I the area. We have been approached by one of our 2 hospitals and have rebuffed their offer.	7/31/2016 12:42 PM
24	Our system is buying practices	7/31/2016 11:39 AM
25	Network consolidation is reducing our ability to compete for business.	7/31/2016 10:39 AM
26	I	7/31/2016 9:11 AM
27	i'm employed by a hospital	7/31/2016 9:02 AM
28	All three all 3 full time urologists and one part time are already employed by the hospital	7/31/2016 8:44 AM
29	Stanford health care is extremely aggressive in the Bay Area	7/31/2016 8:39 AM
30	hospital employed	7/30/2016 2:30 PM
31	medical group all ready bought out by medical foundation model	7/30/2016 2:28 PM
32	Other hospitals around us have hired urologists which is pressuring our practice.	7/30/2016 9:26 AM
33	independent practice that employees me	7/29/2016 8:40 PM
34	KP	7/29/2016 5:56 PM
35	I'm Federal hospital employed	7/29/2016 4:14 PM
36	Currently employed by hospital	7/29/2016 3:06 PM
37	Not yet	7/29/2016 2:50 PM
38	i work for a hospital	7/29/2016 2:09 PM
39	No	7/29/2016 1:48 PM
40	I work for a hospital (AMC)	7/29/2016 1:24 PM
41	i am employed at academic center	7/29/2016 12:55 PM

### Q13 Have you merged or are you considering merging with another Urology practice?

Answered: 327 Skipped: 5



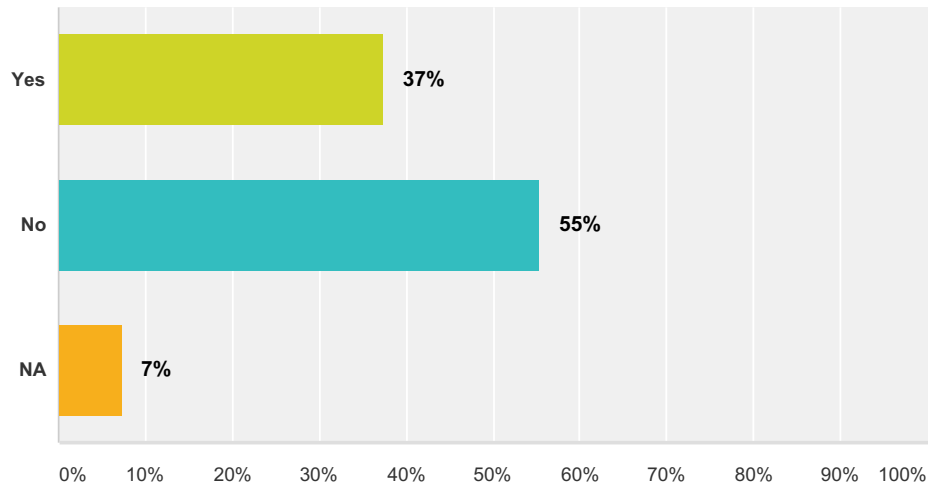
Answer Choices	Responses	Count
Yes	16%	52
No	55%	180
Soon	2%	5
N/A	28%	90
<b>Total</b>		<b>327</b>

#	Comments	Date
1	Already did this 6 yrs ago	9/6/2016 9:09 PM
2	Only if we become partnered with the hospital	9/2/2016 6:23 PM
3	Kaiser	8/24/2016 7:18 PM
4	there is not another practice in my geographic area would want department with. We are 6 urologist currently. We should be able to make this work with that many people. It is ridiculous to expect that we need to be groups larger than 6 to survived.	8/22/2016 6:05 PM
5	although trying to get MOU with VA	8/22/2016 11:42 AM
6	We are open to options, but they have to be right	8/21/2016 8:01 PM
7	Merged 8 months ago from solo: a change I really had no choice other then retire	8/20/2016 6:21 PM
8	work for Kaiser	8/17/2016 9:45 AM
9	have merged and separated... ancillaries dried up and increasing discord and greedy partners.	8/2/2016 11:56 AM
10	already merged.	8/1/2016 1:42 PM
11	We have thought about it but no plans	8/1/2016 11:51 AM
12	Will be merging within a year	7/31/2016 8:44 AM
13	8 man group now. 3 practices merged	7/30/2016 7:27 PM
14	Merged and found other partners (senior management) dishonest, unethical, interested in bottom line income (not patient safety or outcomes). Best day of my life was quitting the group.	7/30/2016 10:54 AM
15	We have been propositioned, but we have refused.	7/30/2016 9:26 AM
16	Talking	7/29/2016 3:46 PM
17	Asked to merge with another group, we have different practice philosophies	7/29/2016 2:50 PM

18	Just did merger	7/29/2016 1:12 PM
19	2 years ago merged solo into a large group	7/29/2016 1:01 PM

### Q14 Do you (or the practice) plan to add any non-physician providers (Physician Assistants or Nurse Practitioners) in the next 12 months?

Answered: 329 Skipped: 3

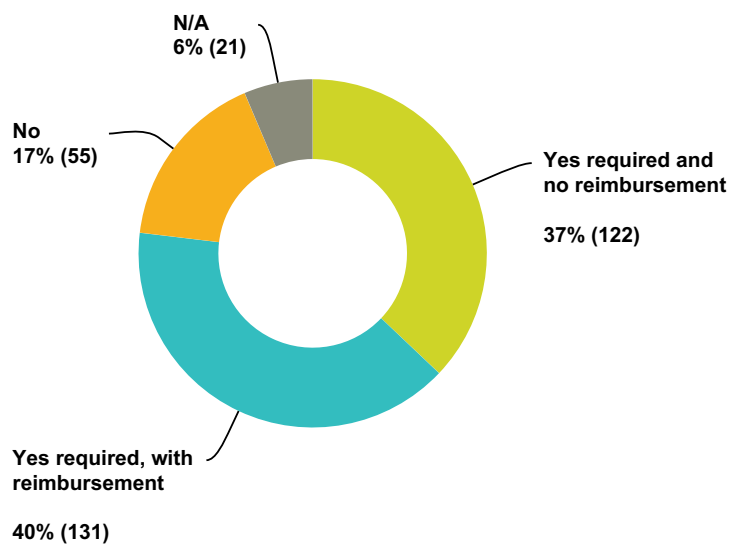


#	Comments	Date
1	We have to see what the hospital decides as far as hiring the urologists. They may set up a clinic and that would allow us to hire a nonphysician provider.	9/2/2016 6:23 PM
2	possibly	9/1/2016 1:49 PM
3	new PA starting in October, and will likely need 1 more in 1-2 years	8/22/2016 11:42 AM
4	We have several and will be adding more.	8/20/2016 5:00 PM
5	I have a NP in mind but cannot find her.	8/5/2016 10:06 AM
6	i refuse to reduce my urology services to the level of np or pa so that when i retire, i won't have a real urologist to see.	8/2/2016 11:56 AM
7	We have had a PA for over 15 years but have no plans to add a second	8/2/2016 7:36 AM
8	one of the interviewees suggested that	8/1/2016 11:08 AM
9	already employ 2 PAs	8/1/2016 9:42 AM
10	Disallowed by my employer, despite overloaded work schedule	8/1/2016 8:08 AM
11	Already have 4	7/31/2016 10:09 PM
12	We have one.	7/31/2016 8:56 PM
13	Have one	7/31/2016 11:49 AM
14	Possibly	7/30/2016 7:03 AM
15	Added PA 7 months ago.	7/29/2016 9:12 PM
16	possibly NP	7/29/2016 6:27 PM
17	We already have a PA	7/29/2016 5:24 PM

18	Canada	7/29/2016 5:20 PM
19	we have several and need more	7/29/2016 3:36 PM
20	looking for NP	7/29/2016 1:53 PM
21	likely to hire PA in the next 12 to 24 months	7/29/2016 1:45 PM
22	Have a PA already for last 10 yrs	7/29/2016 1:24 PM
23	bedside assist for robot-asst surgery	7/29/2016 1:24 PM

### Q15 Are you being required to provide ER coverage at your hospital? Are you being reimbursed?

Answered: 329 Skipped: 3



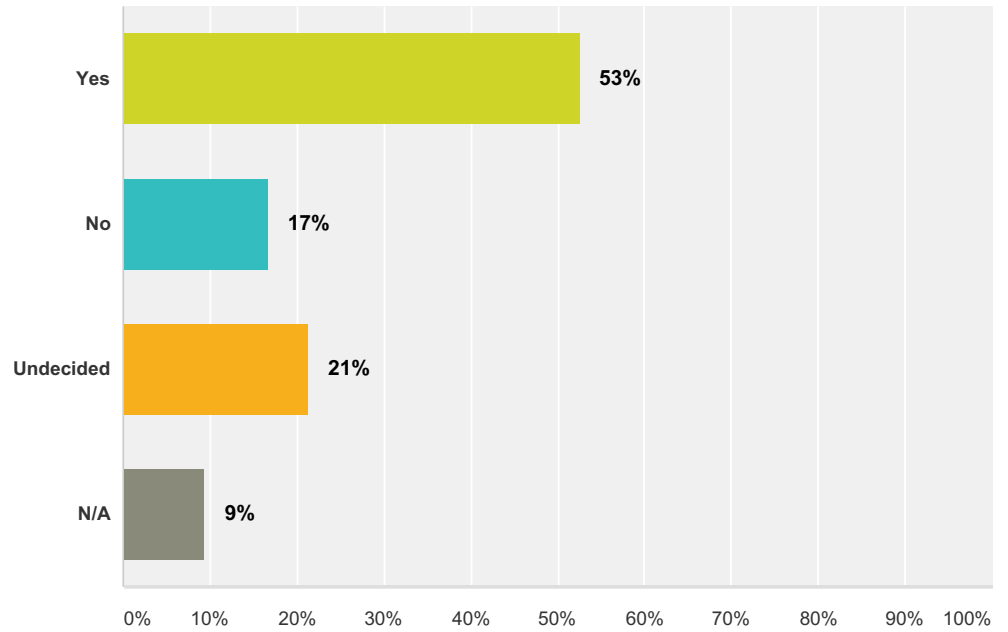
#	Comments	Date
1	Minimal reimbursement	9/5/2016 6:50 PM
2	Included in VA salary	9/2/2016 12:10 PM
3	reimbursement does not match the stress and workload it creates, mostly after hours and in the middle of the night. Affected greatly by transfers at hospitals without urology after hours coverage	9/1/2016 1:49 PM
4	And it seems like I am covering for the entire state	8/24/2016 10:21 PM
5	7 days of coverage per month per provider not reimbursed, additional days reimbursed	8/23/2016 10:26 PM
6	minimal reimbursement (\$200 / 24 hour). I don't consider this reimbursement worth the risk/hassle of taking call. No ability for bonus or collection based on consults seen or cases performed while on-call. Hospital bills and collects for these things.	8/22/2016 3:20 PM
7	RIDICULOUS but Department Leadership will make NO EFFORT for reimbursement.	8/22/2016 11:41 AM
8	Reimbursement is tied to being called in to the hospital	8/20/2016 1:32 PM
9	Very minimal reimbursement	8/13/2016 10:06 PM
10	poorly reimbursed	8/8/2016 3:34 PM
11	I am always on call but never formally on call as the only urologist. E.R. is good to me.	8/5/2016 10:06 AM
12	I am age exempt, reimbursed if covering ER	8/1/2016 8:43 PM



13	In prior private practice, yes and it was reimbursed	8/1/2016 1:13 PM
14	i currently do not take call,if we get new partners they will take 7 days/ month no \$\$ this is a big issue to the candidates we have interviewed	8/1/2016 11:08 AM
15	Not required but paid call	8/1/2016 9:19 AM
16	Not worth it at all	7/31/2016 9:50 PM
17	Not required. I am reimbursed.	7/31/2016 7:26 PM
18	Minimal reimbursement	7/31/2016 7:14 PM
19	would gladly give up compensation to give up ER coverage	7/31/2016 2:01 PM
20	It costs me money to provide ER coverage or reimbursement is below acceptable rate for compensation and to pay overhead	7/31/2016 9:50 AM
21	I am old enough I don't have to do ER call.	7/31/2016 9:11 AM
22	\$250 per coverage	7/31/2016 8:49 AM
23	County hospital in university based medical system	7/31/2016 8:48 AM
24	Reimbursement is low and was negotiated 2 years ago.	7/31/2016 8:44 AM
25	it was a requirement for staff privileges After 25 years in practice, I had no desire to take ER call (no amount of \$ would make it worth it)	7/31/2016 8:40 AM
26	not required but yes being reimbursed	7/30/2016 2:28 PM
27	Reimbursement theoretically promised but takes threat of lawsuit to actually get paid.	7/30/2016 10:54 AM
28	Getting ready for a showdown with hospital. They had a company look at our practice to see if we are eligible for call, and we were denied. Total BS	7/30/2016 7:05 AM
29	urology does provide coverage with reimbursement but I am not required to be in the ED call schedule	7/30/2016 7:03 AM
30	sort of required but if taking, is reimbursed.	7/29/2016 6:27 PM
31	No and No	7/29/2016 5:29 PM
32	Poor reimbursement relative to workload	7/29/2016 5:24 PM
33	We are paid if we take call but not required to take call, We have become a consult service to cover the butts of the hospitalsts who don't want to examine the patients genitals!	7/29/2016 2:50 PM
34	We are not required but are being reimbursed.	7/29/2016 2:46 PM
35	Very bothersome	7/29/2016 1:58 PM
36	reimbursed but not required, technically, because we came to agreement.	7/29/2016 1:01 PM

**Q16 Do you now use or are you thinking of using genetic tests for prostate cancer screening or treatment?**

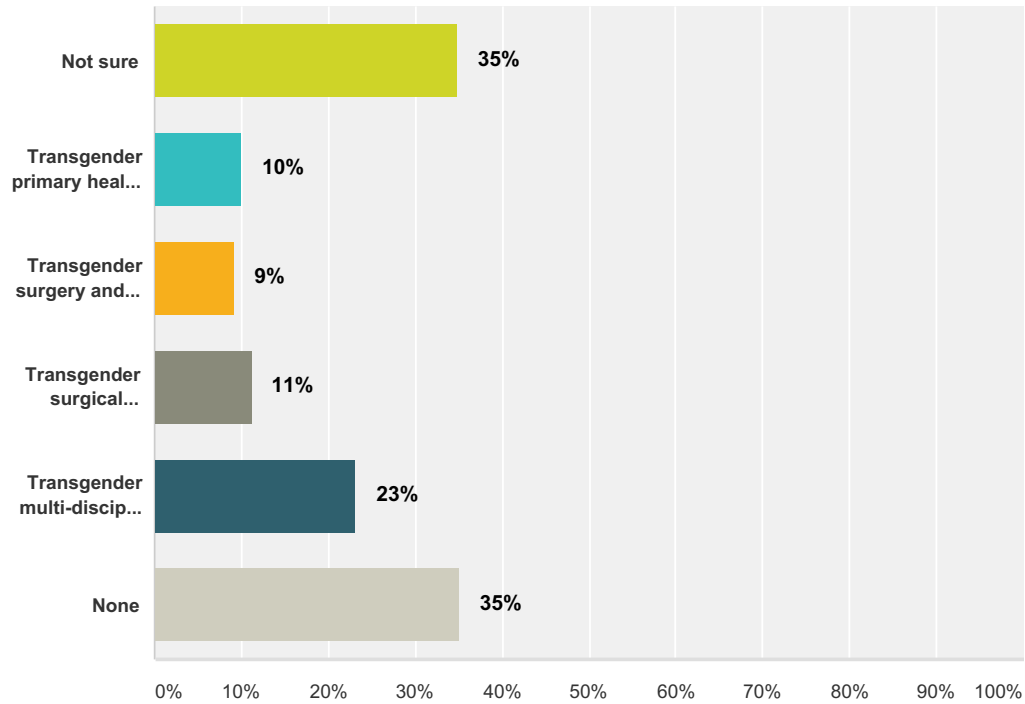
Answered: 329 Skipped: 3



#	Comments	Date
1	I don't see patients with prostate cancer	8/24/2016 10:21 PM
2	I see them rarely	8/21/2016 8:01 PM
3	Have used on a limited basis	8/20/2016 5:10 PM
4	sparingly	8/20/2016 7:11 AM
5	use for treatment	8/16/2016 5:48 PM
6	but patients want it if it is freeeee, when they have to pay for them.. nooooo	8/2/2016 11:56 AM
7	We use them spordaically	8/1/2016 11:51 AM
8	haven't used them yet. I will do this soon	8/1/2016 8:56 AM
9	Pediatric practice	7/31/2016 10:39 AM
10	Use selectively, not routinely	7/31/2016 10:07 AM
11	4K score	7/31/2016 9:12 AM
12	4Kscore, Prolaris, maybe others	7/31/2016 8:44 AM
13	Use all the time.	7/30/2016 10:54 AM
14	Been using it for years. By the way, it's GENOMIC, and not genetic testing.	7/29/2016 5:29 PM
15	Cost is prohibitive right now but valuable info	7/29/2016 1:58 PM
16	Decipher is the best by far.	7/29/2016 1:24 PM

**Q17 In your practice or experience, is there a need for transgender care at your institution and/or community? If yes, what specific services is there a need for? (check all that apply)**

Answered: 327 Skipped: 5



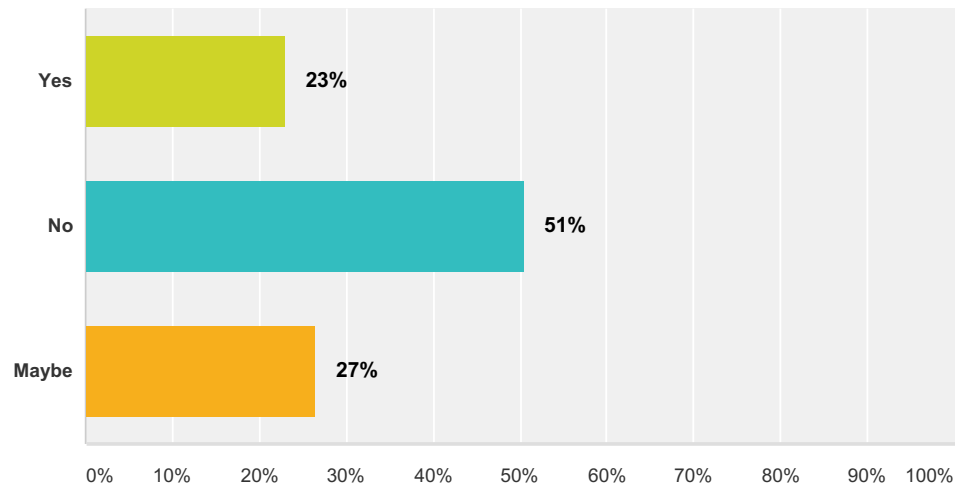
Answer Choices	Responses
Not sure	35% 114
Transgender primary health care	10% 33
Transgender surgery and surgical nursing training	9% 30
Transgender surgical program infrastructure ("program building")	11% 37
Transgender multi-disciplinary care	23% 76
None	35% 115
<b>Total Respondents: 327</b>	

#	Comments	Date
1	already provided	9/3/2016 9:18 AM
2	We outsource the surgery for now	8/24/2016 7:18 PM
3	I have cared for several transgender, maybe 6 today, but our community is too small and conservative for a urologist to do full reassignment.	8/22/2016 11:42 AM
4	Having taken care of a number of transgender patients, I think the whole concept of transgender reassignment is a failed experiment on so many levels. There are some serious ethical issues with it that need to be properly resolved and not just responding to popular winds of public opinion which are manginess and vapid.	8/21/2016 2:53 PM
5	I'm deeply conflicted on the issue and quite content to let others wade into the bramble bush.	8/20/2016 7:11 AM
6	No need.	8/16/2016 5:48 PM
7	Mexican, Phillipinos, and Oakies are not much into transgender.	8/5/2016 10:06 AM
8	just treat everyone the way you treat anyone else. no discrimination nor special treatment.	8/2/2016 11:56 AM
9	we have a team put together in the last year to address all these issues	8/2/2016 7:36 AM
10	I am a pediatric urologist and already provide care for patients with congenital DSD, but could do a better job of working with transgender patients.	8/1/2016 1:44 PM

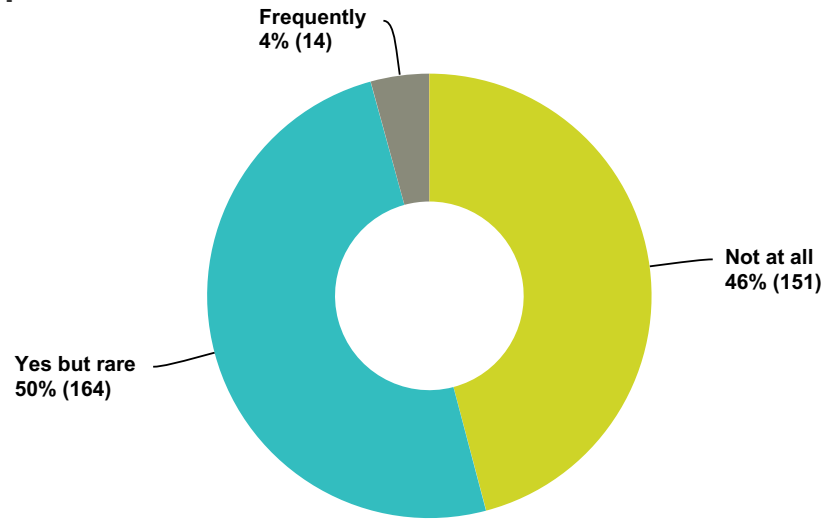
11	I think our institution covers this well	8/1/2016 1:13 PM
12	there is a need the university provides wha exists locally	8/1/2016 11:08 AM
13	Get off the band wagon	7/31/2016 9:50 PM
14	We are building a surgical program and exoanding transgender care	7/31/2016 4:18 PM
15	Already exists	7/31/2016 3:22 PM
16	overblown issue	7/31/2016 3:11 PM
17	not at our facility	7/31/2016 10:42 AM
18	Not sure about this question. We do have a transgender program, and I think it is important. A surgical program is a controversial issue for a pediatric center.	7/31/2016 10:39 AM
19	I see a large number of transgendered patients for orchiectomy, but do not offer/perform the SRS.	7/31/2016 8:48 AM
20	I had specific training and experence in transgender surgery in residency. I don't see an opportunity in private practice.	7/30/2016 10:54 AM
21	My community hospital now has a transgender program.	7/30/2016 6:20 AM
22	not personally interested at this time in this issue as peds practice and makes consent difficult	7/29/2016 6:27 PM
23	already have	7/29/2016 4:20 PM
24	we need it but it really only works as a system	7/29/2016 3:36 PM
25	we see transgender veterans with unrelated urologic problems	7/29/2016 1:58 PM
26	We already have a program.	7/29/2016 1:48 PM
27	We have this service at my institution	7/29/2016 1:24 PM

**Q18 If offered at the WSAUA, would you (and/or your residents or staff) attend coursework related to transgender care topics in Question 17 (above)?**

Answered: 328 Skipped: 4



**Q19 Over the last 4 years, have you (or your staff) been in fear for your personal safety while in the performance of your patient care giving?**

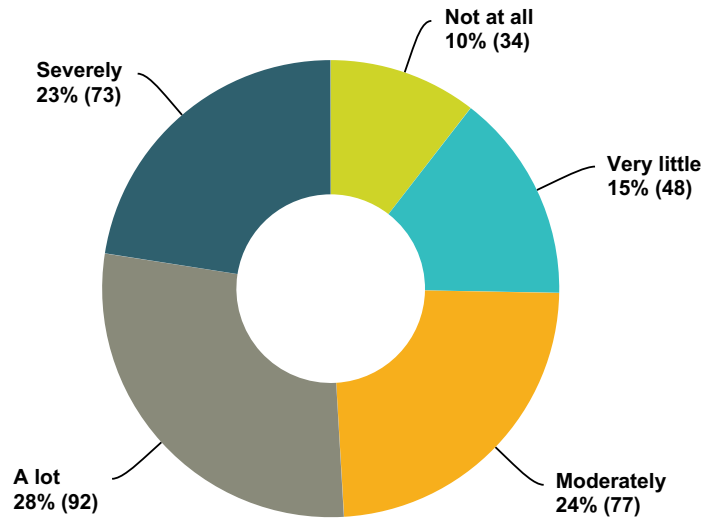


#	Comments	Date
1	several issues, one is concealed weapons legal in my state, but mental health is also a factor	8/22/2016 11:42 AM
2	Threatened w violence in the ER. Insufficient staff for security. Looking into buying bulletproof vest for office. Work in area of high conceal carry. Worsened because of poor access to care resulting in angry frustrated patients w complications.	8/20/2016 2:08 PM
3	Had a recent threat to my life, had to call police	8/13/2016 10:06 PM
4	My apartment has be robbed of its flat screen. Nothing at work.	8/5/2016 10:06 AM
5	Since I was attacked by a patient years ago, we have a very active personal safety awareness program in our offices that allows anyone in the office to raise concerns about safety	8/2/2016 7:36 AM
6	We have had angry patients, but no physical harm or serious threats	8/1/2016 11:51 AM
7	there was a systemwide concerns about a dismissed MD, extra security was posted	8/1/2016 11:08 AM
8	keep tazer in my purse and sometimes in my pocket	8/1/2016 9:42 AM
9	After a friend is killed in the exam room it is hard to not be affected	7/31/2016 7:23 PM
10	Had to get restraining orders twice,extorted once.	7/31/2016 2:41 PM
11	I have considered carrying a handgun	7/31/2016 9:50 AM
12	Times are changing. Doctors are becoming targets for angry patients. Feel like sitting ducks.	7/31/2016 9:11 AM
13	Hospital has a no weapons policy except for on duty law enforcement officers. I feel we and our patients are vulnerable to a mass shooting. I still think about Ron Gilbert, M.D. at Hoag and Dr. Charles Gholdoian, M.D. from Reno. I think about Lee Silverman, M.D. from Darby, PA who had a gun on him in violation of hospital policy and saved his own life because of it. I think about the cardiologist at John's Hopkins that was shot. Schools, hospitals, and courthouses are "gun free zones" but I feel safest in a courthouse. You're not allowed to protect yourself in a hospital or a school.	7/31/2016 9:02 AM
14	The rough-and-tumble environment of a county hospital is in my mind less dangerous than a private or rural hospital environment. The expectation is that there could be danger, and so we're better prepared.	7/31/2016 8:48 AM
15	Have identified potential dangerous patients but took pro-active precautions to defuse their issues. No physical threats.	7/30/2016 10:54 AM
16	occasionally have to deal with angry families and never sure with history of several urologists being killed in CA area	7/29/2016 6:27 PM

17	Worried about violence against office staff also	7/29/2016 2:50 PM
18	VA has police on site	7/29/2016 1:58 PM

### Q20 Are you burdened by step therapy (prior authorization) requirements?

Answered: 324 Skipped: 8

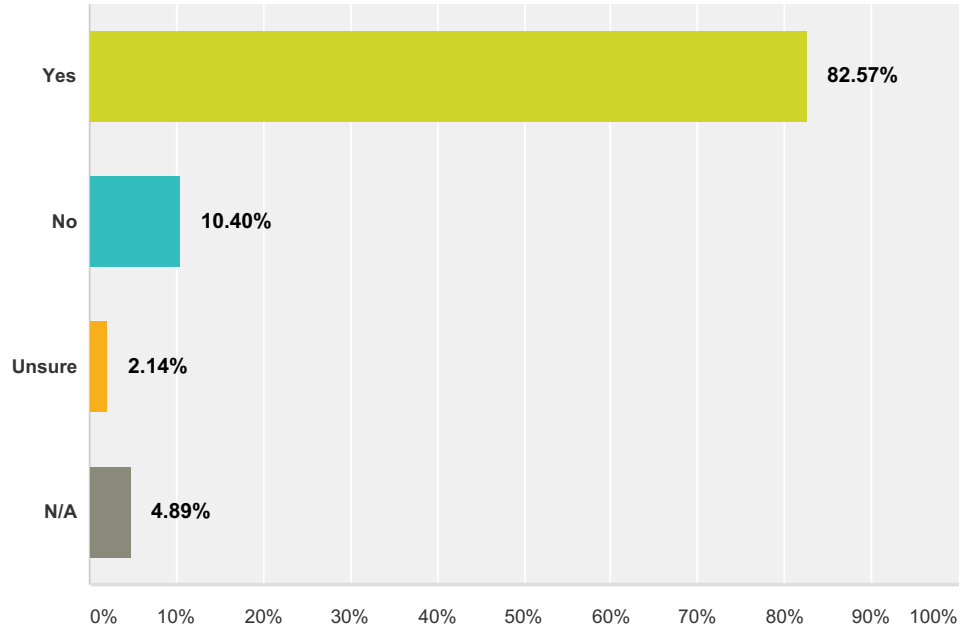


#	Comments	Date
1	We are not doing this	9/6/2016 3:51 PM
2	Work at VA.	9/3/2016 10:36 AM
3	Kaiser	8/24/2016 7:20 PM
4	so time consuming! And expensive for patient	8/22/2016 11:45 AM
5	Ridiculous waste of time	8/21/2016 3:11 PM
6	Unfortunately the "steps" I need to take vary month to month and by insurance.	8/20/2016 5:13 PM
7	Even at Kaiser we need authorization, mostly for outside referral or expensive imaging	8/2/2016 9:36 AM
8	insurance companies are practicing medicine without a degree and my degree is meaningless when they decide what medications a patient may receive	8/1/2016 10:43 AM
9	Decrease efficiency for an office for the benefit of insurance company.	7/31/2016 9:53 AM
10	The cost savings are certainly worth any hassle	7/31/2016 9:27 AM
11	The first step meds are often far less effective with more side effects.	7/31/2016 9:16 AM
12	Too many hurdles	7/31/2016 8:48 AM
13	Even when we refill prescriptions patients have been on for years, we have to provide many records or fill out paper work to avoid stepping back to what failed (or caused side effects) in the first place. Very inefficient system, costly for doctor offices and unfair and frustrating to patients.	7/30/2016 11:02 AM
14	Attempting to prescribe Vesicare or Rapaflo is 90% worthless	7/30/2016 7:15 AM
15	not yet, but sure it is coming. there are some meds that insurers will not pay for that families have to pay for	7/29/2016 6:33 PM
16	Multiple prior auth forms to fill out daily	7/29/2016 5:27 PM
17	Another way for the insurance companies to aggravate our burnout	7/29/2016 3:03 PM

18	VA pharmacy has strict demands	7/29/2016 2:01 PM
19	anticholinergic meds	7/29/2016 12:59 PM

### Q21 Do you or your staff deal with prior authorization requests?

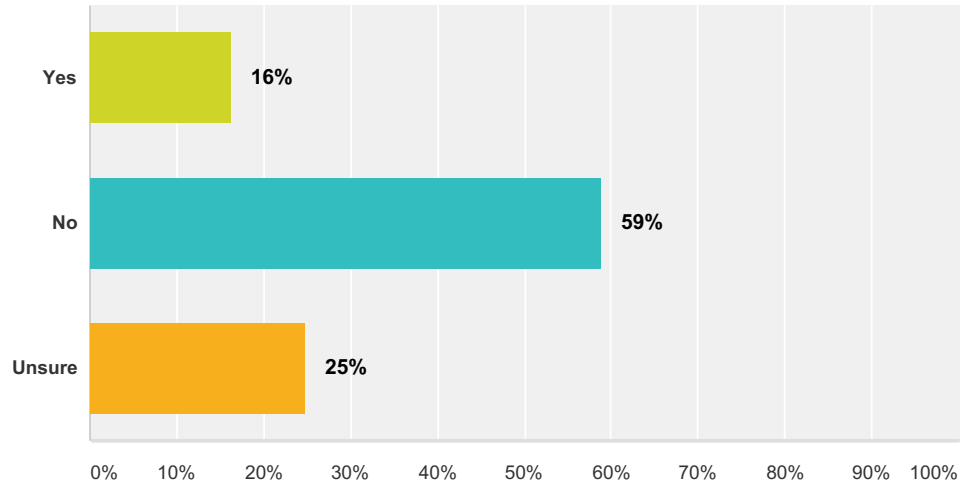
Answered: 327 Skipped: 5



Answer Choices	Responses	Count
Yes	82.57%	270
No	10.40%	34
Unsure	2.14%	7
N/A	4.89%	16
<b>Total</b>		<b>327</b>

**Q22 What is your feeling about step therapy or fail first decisions. Do you feel this is legitimate and ethical?**

Answered: 326 Skipped: 6



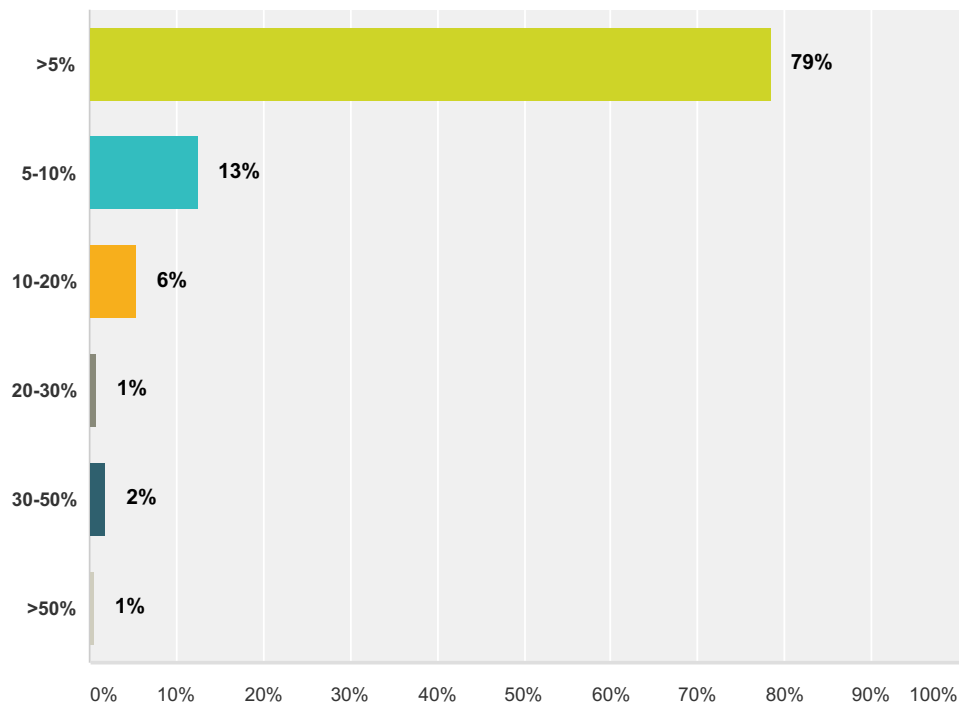
#	Comments	Date
1	they should get the medication i prescribe and not genetic	8/29/2016 3:07 PM
2	usually give it a short trial and then move on to what they need.	8/25/2016 7:07 PM
3	just a scam to avoid paying.	8/25/2016 6:42 PM
4	Requires me to prescribe inferior And ineffective treatments	8/24/2016 10:26 PM
5	winds up costing patient more time and money	8/22/2016 11:45 AM
6	I'd just like to know up front what I have to try	8/21/2016 8:02 PM
7	Generally legitimate and ethical but rarely worth even a fraction of the effort.	8/21/2016 3:11 PM
8	Insurance companies say they don't practice medicine. But there is no other way to consider what they are doing but as an active practice of medicine. Why hasn't the AUA pushed the state medical boards to consider insurance company Medical Officers as practicing physicians subject to liability risk...	8/21/2016 2:59 PM
9	Overly burdensome to have at time have to jump through hoops for therapies you know will fail	8/20/2016 5:24 PM
10	It probably has a place but I would like it to be more uniform.	8/20/2016 5:13 PM
11	Often times inappropriate, but skipping a step results in unreasonable out of pocket costs to my patients	8/20/2016 2:10 PM
12	Completely unethical if you ask me.	8/13/2016 10:09 PM
13	It saves money at patient expense but we must do something to cut the cost of care.	8/5/2016 10:15 AM
14	when the computer generates authorizations within seconds.. then you know there was no point to the exercise.	8/2/2016 12:04 PM
15	It's always comes down to \$\$\$ and older medications, even with evidence of medical necessity	8/1/2016 1:22 PM
16	I'd just like ot know up fornt so we can try it or give a reason as to why I'm writing something else specifiially	8/1/2016 11:55 AM
17	Patients are often not aware that their insurance is the problem	7/31/2016 7:27 PM
18	Sometimes but not every time	7/31/2016 3:24 PM
19	Not ethical. Legitimate only as far as cost goes, not in regards to proper treatment selection	7/31/2016 3:14 PM
20	This primarily occurs with bladder relaxant medication prescriptions in which oxybutynin is generally required first, even when it is relatively contraindicated in most elderly patients.	7/31/2016 1:14 PM
21	Disrespects my ability to recommend what I feel is appropriate for a particular patient	7/31/2016 11:55 AM
22	Some step therapy makes sense, however the burden of authorization is placed on practices and do not seem to relate necessarily to best patient care. Again, these requirements are a heavy burden and are unfunded.	7/31/2016 10:47 AM
23	major issue for our prattice and step therapy is ill conceived	7/31/2016 10:46 AM
24	It makes makes for many repeated visits or calls that wastes office resources and personnel tume	7/31/2016 9:56 AM



25	It's just a barrier to decrease expenditures by insurance companies	7/31/2016 9:06 AM
26	The vast majority of new pharmaceuticals rolling out are very similar in efficacy and side effect profiles to other medications in their classes. Step therapy is a reasonable methodology to control costs. The VA has been doing it for decades, with good results.	7/31/2016 8:56 AM
27	But I understand cost containment. I do think the burden should be on patients to pursue their meds if they do desire.	7/31/2016 8:50 AM
28	While I don't think it is unethical, insurance companies should use financial tiers and not step therapy to moderate use of brand name drugs	7/31/2016 8:42 AM
29	horrible waste of time	7/30/2016 2:29 PM
30	Clearly an unethical attempt by insurance industry to save money placing burden on physicians and patients. An artificial hurdle aimed at nothing more than improving their profit at our cost.	7/30/2016 11:02 AM
31	Mostly yes. I get they need to control costs. But prescribing did trepan to an 80-year-old instead of Sanctura, Enablex, or Vesicare is not the right thing to do.	7/30/2016 7:15 AM
32	total nonsense, consuming too much time.	7/29/2016 8:46 PM
33	I try to pick best med for patient - some are expensive because they are made so by pharma as orphan drugs so understand but binds hands	7/29/2016 6:33 PM
34	it is ridiculous and only serves to create attrition	7/29/2016 3:38 PM
35	Waste of patient time coming back again and again because they are denied a medication that works for them. That is not saving money.	7/29/2016 3:03 PM
36	Sometimes step therapy is correct. Sometimes MDs are unaware of cost.	7/29/2016 1:52 PM
37	It's rationing by inconvenience, pure and simple	7/29/2016 1:31 PM

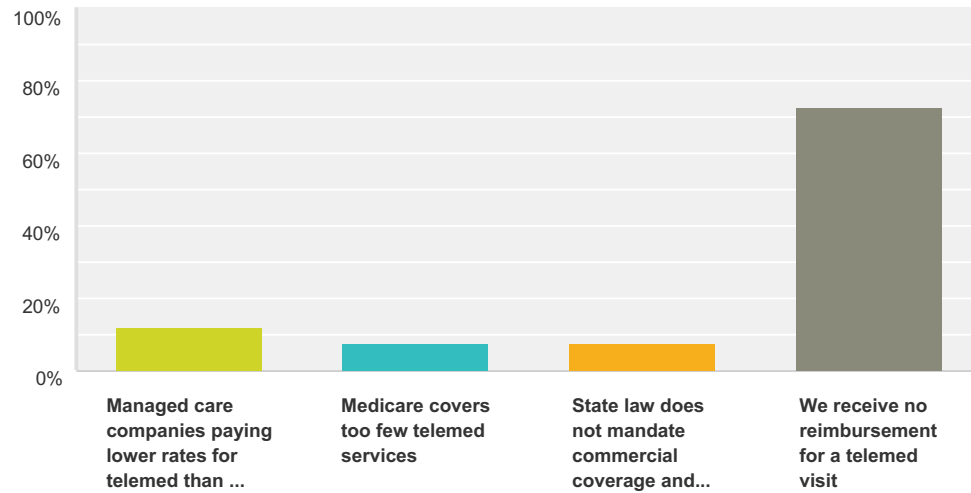
### Q23 What percentage of your encounters are Telemedicine?

Answered: 327 Skipped: 5



### Q24 What is the most significant concern regarding reimbursement of Telemedicine services?

Answered: 289 Skipped: 43



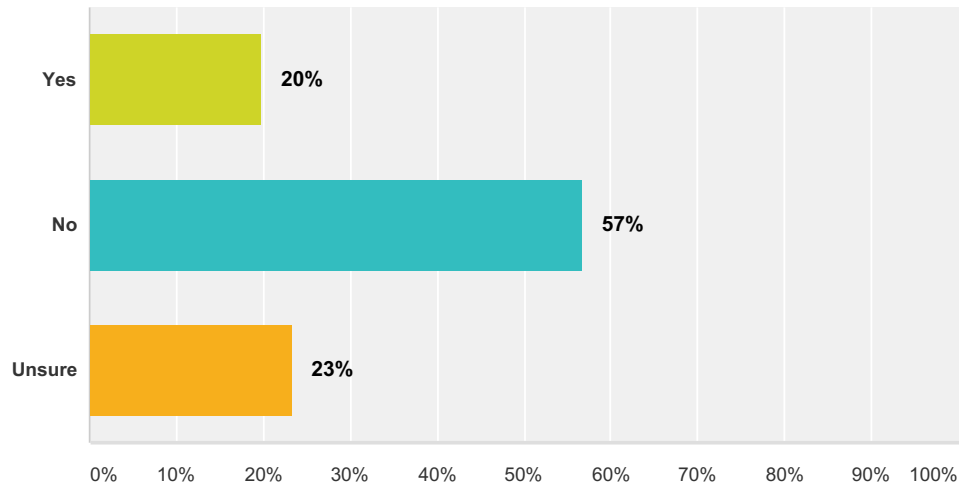
Answer Choices	Responses
Managed care companies paying lower rates for telemed than for in-person care	12.11% 35
Medicare covers too few telemed services	7.61% 22
State law does not mandate commercial coverage and managed care companies do not cover Telemedicine services	7.61% 22
We receive no reimbursement for a telemed visit	72.66% 210
<b>Total</b>	<b>289</b>

#	Comments	Date
1	We do not use a telemed service	9/2/2016 6:26 PM
2	I would offer it if paid similarly to office visit for pts that have to travel over an hour to be here	9/1/2016 1:51 PM
3	I don't see me as ever doing Telemedicine	8/25/2016 6:42 PM
4	The AUA HAS to get more involved in advocating our efforts instead of a board of academic's largely insulated from the effects of real world medicine. This should have been on the radar 3 years ago!	8/21/2016 2:59 PM
5	not practising telemedicine	8/16/2016 5:52 PM
6	Shouldn't question 23 first answer choice be "less than 5 percent?" I needed a zero box to check off.	8/12/2016 11:15 AM
7	I want to get into this but have not had the tine.	8/5/2016 10:15 AM
8	Our state had a working committee on Telemedicine, to hlep fomulate regulations and suggested pay structure to comply with a recent state law	8/1/2016 1:22 PM
9	may not be best for care	7/31/2016 10:12 PM
10	Not doing telemedicine	7/31/2016 7:27 PM
11	all of the above	7/31/2016 3:14 PM
12	First answser to question #23 should be LESS THAN 5%, not more than 5%. Please fix the typo.	7/30/2016 11:02 AM
13	#23 seems to be an error. I do not participate and unlikely to do so	7/30/2016 7:35 AM
14	Don't use it	7/30/2016 7:15 AM
15	Do not trust the communication especially for discussion of cancer and surgical topics	7/30/2016 6:29 AM

16	Think you meant <5% for # 23 above.	7/29/2016 9:14 PM
17	you don't have no telemed as option: not involved yet so can't answer- worried about payment and lawsuit risk.	7/29/2016 6:33 PM
18	no experience in payments for TM	7/29/2016 4:47 PM
19	How do you do a DRE through the computer screen?	7/29/2016 3:03 PM
20	Question 23 less than 5%	7/29/2016 1:44 PM
21	not applicable	7/29/2016 1:06 PM

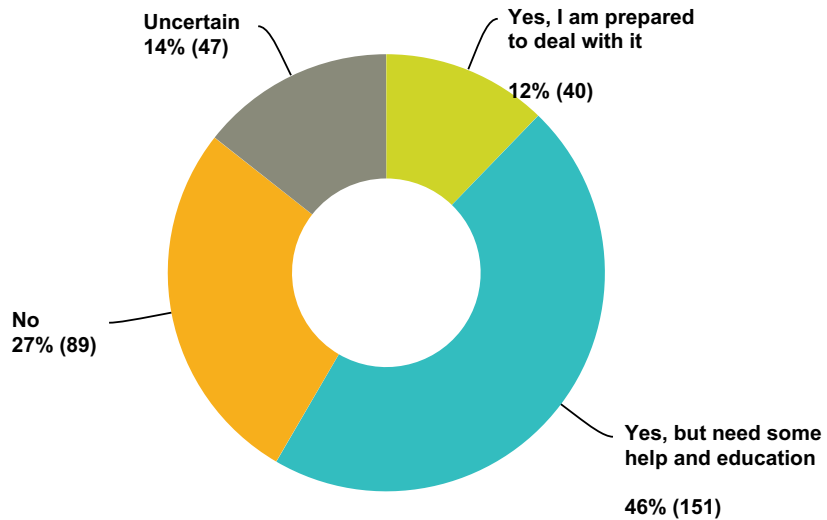
### Q25 Does your organization have telemedicine practice standards/ guidelines for delivering telemedicine services?

Answered: 303 Skipped: 29



### Q26 Are you aware of the MACRA legislation and its implications for your practice?

Answered: 327 Skipped: 5



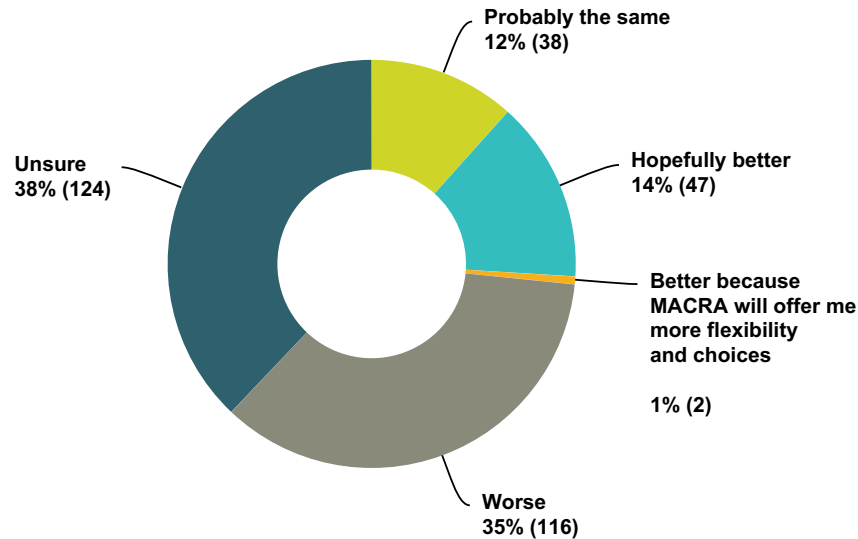
Answer Choices	Responses
Yes, I am prepared to deal with it	12% 40
Yes, but need some help and education	46% 151
No	27% 89
Uncertain	14% 47
<b>Total</b>	<b>327</b>

#	Comments	Date
1	Can't wait for this major hassle.	8/25/2016 1:09 PM
2	We are opted out of Medicare	8/21/2016 3:11 PM
3	thanks to LUGPA	8/21/2016 2:59 PM
4	PQRS was/is total nonsense for a urologist.	8/5/2016 10:15 AM
5	Rules are not done. No one can be prepared yet	7/31/2016 7:27 PM
6	This is more difficult and complicated than anyone is capable of understanding. Good luck trying.	7/31/2016 1:49 PM
7	It is disappointing that policy makers have criticized physicians for not sufficiently embracing 'evidence based' best practices and then they turn around and determine reimbursement based on a system that has no evidence to show that they can effectively measure quality. Seems hypocritical to me. I agree with the principle, but the tools are not ready.	7/31/2016 10:47 AM
8	hopefully will be delayed as regulations yet to be finalized	7/31/2016 10:46 AM
9	I have attended some presentations about MACRA. I will be retired before this has the full impact on practicing urologists. I wish them luck.	7/31/2016 8:57 AM
10	I know it and understand it. Doesn't mean I like it,	7/30/2016 11:02 AM
11	It will be an abysmal failure. Will click all the right things just to satisfy somebody far away who is looking at our charts. "Play the Game". Medicine became a business along time ago, unfortunately, and that's what we have to do	7/30/2016 7:15 AM
12	I don't anyone truly knows how to prepare for MACRA requirements today	7/30/2016 7:10 AM
13	May reduce incentives to do unnecessary CTs procedures etc. re focus on less can be better	7/30/2016 6:29 AM
14	most of patients not medicare but process is worrisome. there may not be any doctors willing to take in future	7/29/2016 6:33 PM
15	Another item that will result in less time caring for patients, more unnecessary 'paperwork' and less reimbursement	7/29/2016 5:27 PM
16	It's going to be a disaster and patient care will suffer.	7/29/2016 4:41 PM

17	however, it will be a problem	7/29/2016 3:38 PM
18	N/A for me	7/29/2016 2:01 PM
19	AQUA	7/29/2016 1:31 PM

### Q27 Do you feel MACRA will be better or worse than what doctors currently have to deal with, i.e. PQRS, Meaningful Use, and Value-Modifier programs?

Answered: 327 Skipped: 5



Answer Choices	Responses	
Probably the same	12%	38
Hopefully better	14%	47
Better because MACRA will offer me more flexibility and choices	1%	2
Worse	35%	116
Unsure	38%	124
<b>Total</b>		<b>327</b>

### Q28 Are there any specific tests, services or procedures that you would like covered by insurance that are not now covered?

Answered: 147 Skipped: 185

#	Responses	Date
1	not sure	9/6/2016 3:51 PM
2	No	9/3/2016 7:04 PM
3	No.	9/3/2016 10:36 AM

4	Botulinum toxin injection to pelvic floor	9/3/2016 10:28 AM
5	n/a	9/3/2016 9:21 AM
6	MRI fusion prostate bx; focal therapy for prostate cancer	9/1/2016 10:22 PM
7	No	9/1/2016 9:02 PM
8	4K test	9/1/2016 5:21 PM
9	PTNS for commercial payors	9/1/2016 1:51 PM
10	UroLift	9/1/2016 11:09 AM
11	medications for erectile dysfunction	8/31/2016 5:16 PM
12	when I do prostate biopsy with ultrasounds the insurance only pays for prostate biopsy and not for the ultrasound even with modifier.	8/29/2016 3:07 PM
13	urethroplasty	8/28/2016 7:48 PM
14	circumcision	8/28/2016 11:10 AM
15	no	8/28/2016 7:49 AM
16	PSA	8/25/2016 7:07 PM
17	?	8/25/2016 6:42 PM
18	no	8/25/2016 1:09 PM
19	Prostate genetic testing	8/25/2016 12:57 PM
20	Interstim by medical	8/24/2016 10:26 PM
21	Y chromosome microdeletion, karyotype	8/24/2016 8:09 PM
22	Genetic tests	8/24/2016 7:20 PM
23	penile implants, vasovasectomy, Myrbetriq (isn't covered or requires step therapy by many)	8/22/2016 11:45 AM
24	no	8/21/2016 9:08 PM
25	No	8/21/2016 8:02 PM
26	ED therapy for the most part.	8/21/2016 3:58 PM
27	Our #1 issue is being able to offer telemedicine consults across state lines and making sure patients can be reimbursed for them.	8/21/2016 3:11 PM
28	How about just having Medicare cover more than just the cost of Botox or Testopel or whatever else so we don't lose money on these treatments...	8/21/2016 2:59 PM
29	No	8/20/2016 9:16 PM
30	Adequate reimbursement for procedures, time for office visits	8/20/2016 6:25 PM
31	n/a	8/20/2016 5:24 PM
32	Translation services	8/20/2016 5:13 PM
33	No	8/20/2016 4:31 PM
34	Urolift	8/20/2016 2:34 PM
35	no	8/20/2016 2:12 PM
36	Prostate MRI	8/20/2016 1:04 PM
37	urolift	8/20/2016 12:50 PM
38	Don't know	8/20/2016 12:41 PM
39	I have reoccurring battles over imaging for stone disease with insurance companies demanding a KUB as an initial study irrespective of the history and in some cases pushing back with requested subsequent stone protocol CT if the KUB is NED even in cases of known uric acid stone formation. It's emblematic of the decerebrate nature of The Beast.	8/20/2016 7:20 AM
40	My biggest problem is with the regional Medicaid program that excludes many basic urological services.	8/17/2016 5:04 PM

41	OncocyteDx	8/17/2016 4:38 PM
42	urolift, telemedicine	8/17/2016 1:40 PM
43	Depends on the insurance	8/17/2016 1:08 PM
44	drugs for E.D.	8/16/2016 5:52 PM
45	Urolift; genomic testing	8/15/2016 3:39 PM
46	HIFU	8/13/2016 10:09 PM
47	NO	8/13/2016 7:23 PM
48	MRI prostate and MRI guided biopsies are always covered. Testicular prosthesis recently denied by Cigna. Reason they claimed was that it is cosmetic surgery.	8/12/2016 11:15 AM
49	none	8/10/2016 8:23 AM
50	complexity. people out to make money won't help those with complex situations that require a lengthy surgery or effort	8/8/2016 3:38 PM
51	vaso-vaso anastomosis	8/5/2016 10:15 AM
52	No	8/4/2016 5:57 PM
53	N/A salaried position in a VA hospital	8/4/2016 7:26 AM
54	MRI-US fusion prostate biopsy	8/3/2016 10:14 PM
55	Telemedicine	8/2/2016 8:41 AM
56	no	8/2/2016 7:39 AM
57	No	8/2/2016 7:06 AM
58	No	8/1/2016 9:53 PM
59	no	8/1/2016 7:48 PM
60	no	8/1/2016 7:13 PM
61	molecular sequencing panels	8/1/2016 6:06 PM
62	unilateral ureteral reimplant as OUTPATIENT (we do it this way and it is denied unless inpatient)	8/1/2016 3:47 PM
63	Telephone calls	8/1/2016 1:48 PM
64	ED evaluation and treatment - medical, device and surgical. T replacement Tx Genetic testing	8/1/2016 1:22 PM
65	None come to mind	8/1/2016 11:55 AM
66	n/a	8/1/2016 11:17 AM
67	no	8/1/2016 11:00 AM
68	Testes prosthesis - inconceivable that women are given full coverage for reconstruction related to breast cancer and few men are given benefit to cover prosthesis testopel, penile prosthesis, vasectomy	8/1/2016 10:53 AM
69	DMSO bladder instillations	8/1/2016 10:43 AM
70	no	8/1/2016 8:58 AM
71	genetic biomarker testing for prostate cancer	8/1/2016 6:00 AM
72	Phone calls in some cases where it is an involved question/problem that takes a significant amount of time.	7/31/2016 10:42 PM
73	Prostate Mri and fusion biopsy .all the genetic prostate biopsy and specimens tests	7/31/2016 9:56 PM
74	Acupuncture, massage, etc.	7/31/2016 4:22 PM
75	Mri prior to pnbx for elevated psa	7/31/2016 3:24 PM
76	No	7/31/2016 2:42 PM
77	yes, supplies	7/31/2016 2:00 PM
78	Better reimbursements for surgery	7/31/2016 12:45 PM
79	Therapy for ED Genetic testing	7/31/2016 11:55 AM

80	PSA screening	7/31/2016 10:53 AM
81	No	7/31/2016 10:50 AM
82	No	7/31/2016 10:48 AM
83	Biofeedback	7/31/2016 10:47 AM
84	Urolift	7/31/2016 10:46 AM
85	PD5 inhibitors post prostatectomy	7/31/2016 10:45 AM
86	NA	7/31/2016 10:32 AM
87	prostate mri, na/fl pet for prostate cancer	7/31/2016 10:13 AM
88	Most of the genetic prostate cancer tests	7/31/2016 10:10 AM
89	pca3	7/31/2016 10:07 AM
90	Interstim for medical	7/31/2016 10:04 AM
91	soon to be PSA	7/31/2016 9:56 AM
92	PET scans often denied.	7/31/2016 9:16 AM
93	Depends on insurance what is covered That is most frustrating - I can't always predict	7/31/2016 9:14 AM
94	Calls to other physicians for advice on patient care	7/31/2016 9:14 AM
95	No	7/31/2016 9:07 AM
96	Medications administered in the office (cost of the drugs and the administration) such as Lupron and testosterone that some plans won't pay us for so the patient has to buy at a pharmacy, bill the insurance and bring to the office. Still don't get paid to administer.	7/31/2016 8:57 AM
97	NO	7/31/2016 8:53 AM
98	None	7/31/2016 8:51 AM
99	No. Actually I think it would be best if insurance does not cover most surgeons fees. We would be able to provide care when it is really necessary.	7/31/2016 8:50 AM
100	Not sure	7/31/2016 8:48 AM
101	better urolift and MRI coverage - very limited. Also better PTNS coverage	7/31/2016 8:42 AM
102	no	7/31/2016 8:41 AM
103	No	7/30/2016 5:45 PM
104	HIFU for prostate cancer	7/30/2016 4:55 PM
105	no	7/30/2016 2:04 PM
106	No	7/30/2016 1:30 PM
107	Telemedicine and non-face to face care need reimbursement with lower hurdles to getting paid. Too many hours spent on phone with patients or with insurance getting pre-authorization or copying records increasing our overhead.	7/30/2016 11:02 AM
108	PVR and UA in clinic	7/30/2016 8:49 AM
109	infertility tests, FISH	7/30/2016 7:35 AM
110	Xiaflex	7/30/2016 7:15 AM
111	no	7/30/2016 6:29 AM
112	Unsure	7/29/2016 11:31 PM
113	Prostate MRI, 4k score testing	7/29/2016 10:46 PM
114	Prostate cancer biomarker testing	7/29/2016 10:39 PM
115	Not now	7/29/2016 6:21 PM
116	none	7/29/2016 6:00 PM
117	UroLift	7/29/2016 5:30 PM



118	genetic testing	7/29/2016 5:28 PM
119	prostate MRI not covered by several insurers for evaluation of elevated PSA. Fusion-MRI/US biopsies not adequately reimbursed	7/29/2016 5:27 PM
120	Just eliminate prior Auth	7/29/2016 4:47 PM
121	Gentic markers for prostate cancer, parametric MRI prostate	7/29/2016 4:22 PM
122	Pca3	7/29/2016 4:19 PM
123	Surgery and meds for ED	7/29/2016 4:18 PM
124	inflatable penile prosthesis, which have variable coverage	7/29/2016 3:38 PM
125	Biomarker testing, vasovasostomy, post prostatectomy ED tx	7/29/2016 3:23 PM
126	Certain insurances are not covering 4K, Apify, Prolaris, Decipher , or MRI prostate or Urolift	7/29/2016 3:13 PM
127	Unsure, variability between insurance companies	7/29/2016 3:03 PM
128	Prostate. ca via urine testing	7/29/2016 2:46 PM
129	Infertility genetic testing in prostate cance Mri prostate	7/29/2016 2:31 PM
130	0	7/29/2016 2:27 PM
131	N/A	7/29/2016 2:01 PM
132	prostate MRI	7/29/2016 2:00 PM
133	no	7/29/2016 1:54 PM
134	molecular prostate cancer tests	7/29/2016 1:47 PM
135	HiFU	7/29/2016 1:44 PM
136	No	7/29/2016 1:39 PM
137	ED eval and tx	7/29/2016 1:27 PM
138	not sure	7/29/2016 1:23 PM
139	On-call phone advice. With EMR's, patient data can be accessed and so solid advice can be given. Patients take advantage of free advice after-hours and weekends. Patients would not abuse this privilege if they had to pay for it (any amount). It's not the \$ that would be helpful, it's the reduction of being abused by ED's and patient phone calls.	7/29/2016 1:21 PM
140	no	7/29/2016 1:13 PM
141	No	7/29/2016 1:05 PM
142	Telemedicine	7/29/2016 1:00 PM
143	no	7/29/2016 12:58 PM
144	MRI PROSTATE	7/29/2016 12:57 PM
145	MRI-US fusion Bx	7/29/2016 12:57 PM
146	vacuum erection device.	7/29/2016 12:56 PM
147	Erectile dysfunction meds, VED, injectables	7/19/2016 9:25 PM

**Q29 Please describe any other billing or health policy issues that have been raised in your state or area that are important to you?**

Answered: 102 Skipped: 230

#	Responses	Date
1	Payment from insurance companies for HMO work not reimbursed by the IPA who contracts with the HMP Plan	9/6/2016 9:13 PM

2	none	9/6/2016 3:51 PM
3	No.	9/3/2016 10:36 AM
4	n/a	9/3/2016 9:21 AM
5	the fact that HoLEP is reimbursed so little when it is the most challenging requires the most skill and best for pts with large prostates - sends the wrong message to pts and is a discentive for physicians to learn this technique	9/1/2016 10:22 PM
6	overhead is high, not sure billing etc covers cost	9/1/2016 1:51 PM
7	The bundling of services and decreased reimbursement for procedures in which we perform multiple steps.	9/1/2016 11:09 AM
8	How can I be reimbursed for all of the extra time spent replying to patient electronic communication?	9/1/2016 9:37 AM
9	Non availability coverage	9/1/2016 4:49 AM
10	currently I can not think of one, but insurance only want to pay what THEY think is good and don't pay attention to all the paper work attached	8/29/2016 3:07 PM
11	need for pre-authorization for office urological procedures that only a urologist would perform	8/28/2016 7:49 AM
12	?	8/25/2016 6:42 PM
13	none	8/25/2016 1:09 PM
14	Delay in getting MD appointed to insurance panels. Difference in reimbursement to MD depending upon whether they do the procedure in a "hospital" setting/as an employed MD vs in a stand alone, unaffiliated office.	8/24/2016 8:02 PM
15	no	8/21/2016 9:08 PM
16	None	8/21/2016 3:58 PM
17	None	8/20/2016 9:16 PM
18	Poor Medi cal payments	8/20/2016 6:25 PM
19	n/a	8/20/2016 5:24 PM
20	we need to try to keep older urologists in clinical practice. this is less expensive than training new ones and much more efficient than hiring advanced practice nurses.	8/20/2016 5:03 PM
21	MACRA is the main concern	8/20/2016 4:31 PM
22	na	8/20/2016 3:38 PM
23	Reimbursements too low for major surgical procedures	8/20/2016 2:34 PM
24	none	8/20/2016 2:12 PM
25	n/a	8/20/2016 12:50 PM
26	Don't know	8/20/2016 12:41 PM
27	Oregon Medicaide is insane. We get disapproved for requests for CT IVP evals for gross hematuria and have even had occasions when they've disallowed cystoscopy for the same indication. Their list of "approved" diagnosis codes are extremely limited offering the clinician the Hobbs Choice of getting very creative with dx thereby risking committing fraud vs the patient being denied the care they need. Yet again, emblematic of the decerebrate nature of The Beast and one of the reasons I'm pessimistic that MACRA will be anything more than yet another goat rope.	8/20/2016 7:20 AM
28	The state's ACA insurance marketplace has already gone bankrupt. This does not bode well for the ACA market in general.	8/17/2016 5:04 PM
29	Poor reimbursement	8/17/2016 4:38 PM
30	Concerns about current bill regarding "out of network" physicians being defaulted to getting Medicare rates. Concerns about monopoly that will result and implications thereafter if our hospital and the local clinic merge as it is the only hospital system in town. (How the FTC fails to see this is baffling.) Concerns regarding the MACRA specifics as it is very complex to try to determine "quality" as factors such as patient population and compliance play a role. Overall concerned that we as physicians have gradually, piece by piece, given up all control and it will soon not only affect us but also every patient.	8/17/2016 1:08 PM
31	not aware of any	8/16/2016 5:52 PM
32	None	8/13/2016 10:09 PM
33	denials	8/10/2016 8:23 AM

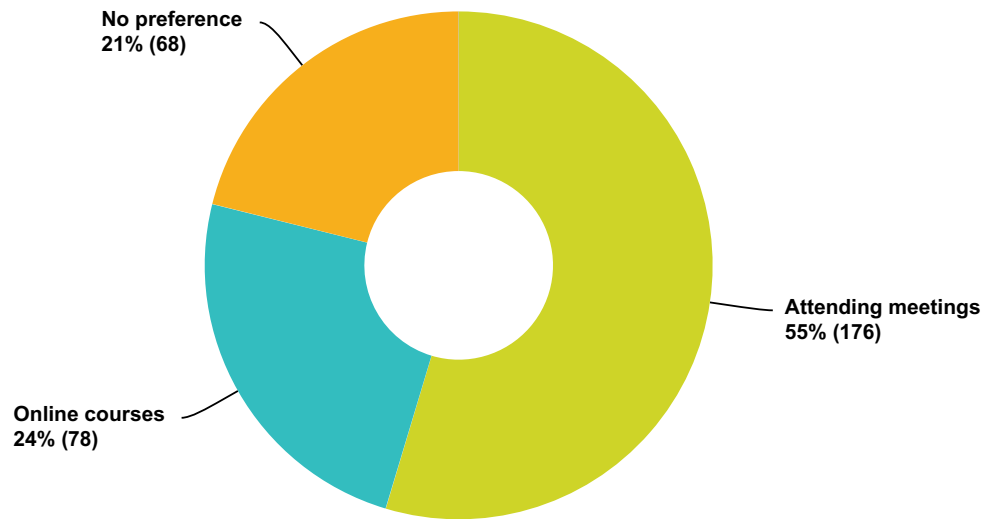
34	Physicians should unionize	8/8/2016 3:38 PM
35	CA requires a month long wait from the clinic planning visit and vasectomy with two signatures. This causes pregnancies in this culture.	8/5/2016 10:15 AM
36	Medicaid reimbursement	8/4/2016 5:57 PM
37	N/A	8/4/2016 7:26 AM
38	too many to list.	8/2/2016 12:04 PM
39	none	8/2/2016 7:39 AM
40	Significant decrease in reimbursement for robotic prostatectomy.	8/1/2016 9:53 PM
41	N/A	8/1/2016 7:48 PM
42	Impact of insurance plan changing contracts, narrow networks, Insurance consolidation, continued low provider reimbursement while premiums continue to increase.	8/1/2016 1:22 PM
43	none	8/1/2016 11:55 AM
44	n/a	8/1/2016 11:17 AM
45	billing with macra	8/1/2016 11:00 AM
46	reduced compensation for urodynamics	8/1/2016 10:43 AM
47	CURES for prescribing opioids	8/1/2016 6:00 AM
48	Cutting rarp by 33% ,cutting cysto by 20%. Total bull shit . All my ppo patients just migrate into hmo once they learn I take one of the Hmo,s . I guess that's my fault. I hate hmos	7/31/2016 9:56 PM
49	Allowing nurse practitioners to perform vasectomies	7/31/2016 4:30 PM
50	Problems with Botox reimbursement	7/31/2016 4:22 PM
51	n/a	7/31/2016 2:00 PM
52	The implimentation of MACRA	7/31/2016 12:45 PM
53	MediCal reimbursement and administrative burden is out of control.	7/31/2016 10:47 AM
54	balanced billing	7/31/2016 10:46 AM
55	NA	7/31/2016 10:32 AM
56	get rid of prqs, meaningful use, so called quality measures. it is not possible to measure quality. quality is rewarded in that good docs are busier because of word of mouth and reputation and vice versa. we need to decrease the administrative nonsense distracting us from patient care! our focus should be decreasing administration.	7/31/2016 10:13 AM
57	Possible reversal of the ioae	7/31/2016 10:10 AM
58	The VA authorization problem .	7/31/2016 10:07 AM
59	As the minimally invasive urologist in my group I performed a large share of the major oncologic cases therefore I get flagged by insurance companies for being outside the standard of care for cost and peri-operative parameters such as hospital stay, ICU requirement transfusions etc	7/31/2016 9:56 AM
60	The real problem is that political one size fits all solutions do not work for non-political problems. As long as big government and political employees are making critical medical decisions based on theory or out of touch academia we will not have solutions that are best for our patients.	7/31/2016 9:16 AM
61	On call ER Payment	7/31/2016 9:14 AM
62	Insurance companies don't allow out-of-network expenses to count towards a patient's deductible. For instance, my hospital charges \$4500 technical component for a 3-phase hematuria CT. There is another place in town that does it for \$350 cash and it includes interpretation by the radiologist. But if my patients go there and pay cash they can't apply that towards their deductible. This is wrong.	7/31/2016 9:06 AM
63	County and university hospitals bear a disproportionate burden of care for under-resourced patients. It is a fallacy that these medical organizations are "subsidized" by the state (especially since we have no state income tax). I would like to see a more equitable commitment to sharing the burden of surgical subspecialty care in our state.	7/31/2016 8:56 AM
64	None	7/31/2016 8:53 AM
65	none	7/31/2016 8:51 AM

66	The lowering of reimbursement for complex surgeries is an issue that our organized medicine must deal with. Many physicians are thinking about a true strike or refusal to do surgery. In effect many are doing it by referring patients out. This goes against the oath we made.	7/31/2016 8:50 AM
67	CCI edits continue to bundle services to reduce urology reimbursement without discussion with urologists to understand services	7/31/2016 8:42 AM
68	none	7/31/2016 8:41 AM
69	prolong time it takes to get a physician or PA credentialed	7/30/2016 7:38 PM
70	None	7/30/2016 5:45 PM
71	declining reimbursement for robotic prostatectomy	7/30/2016 4:55 PM
72	consolidation of insurance companies so that they are now a monopoly	7/30/2016 2:04 PM
73	None	7/30/2016 1:30 PM
74	MACRA quality issues are decided by non-urologists (like the USPSTF!!), They should be set ONLY by specialists. MIPS goes into effect 1/1/17--much too early for transition and no time for new APM attempts. 2017 Medicare Physician Fee schedule is unfair--too many recommendations from organized medicine are ignored by CMS.	7/30/2016 11:02 AM
75	none	7/30/2016 8:49 AM
76	Any billing or health policy !	7/30/2016 7:35 AM
77	Medicaid expansion is non existent in Idaho. Still have a lot of "no pays"	7/30/2016 7:15 AM
78	no	7/30/2016 6:29 AM
79	The ability of a Federally sponsored Clinic to have in house Pharmacy, Xray and Optometry	7/29/2016 11:31 PM
80	Forced medicare/medicaid acceptance as condition for licensure.	7/29/2016 10:46 PM
81	ICD 10, and now ICD 11 pose severe problems. Also, constant threat of audits for overcoding because of not recording enough "details"	7/29/2016 8:46 PM
82	problems with EHR billing programs selecting available codes and making documentation fit their criteria and not actual events: i.e. bill /EHR note for IP when OP encounter	7/29/2016 6:33 PM
83	Consideration of repeal of micra.	7/29/2016 6:21 PM
84	none	7/29/2016 6:00 PM
85	Noridian not paying admin fees for drugs that are Brown-bagged" into office	7/29/2016 4:47 PM
86	Most drugs not covered	7/29/2016 4:22 PM
87	I never understood why reimbursement in WA state is so low compared to other states. Or why there's a difference in the first place.	7/29/2016 3:13 PM
88	Blue Cross pays lower rates than Medicare but advertises themselves as the best. They listed all the doctors in CA as Covered CA participants. They threatened us and many other local practices to try to force us to see these patients. They pay 65% of Medicare. They are underhanded crooks. A lot of us will retire, the kids coming out will work only on the clock and the government will get what it asked for- less expenditure but it will be at the price of no available care! The kids coming out today are smarter. "No money, no work." No other industry requires people to work for no pay. It is illegal in every other industry!	7/29/2016 3:03 PM
89	0	7/29/2016 2:27 PM
90	medicaid reimbursement in California are below cost	7/29/2016 2:11 PM
91	N/A	7/29/2016 2:01 PM
92	unsure	7/29/2016 1:54 PM
93	Generic Medicare for everyone.	7/29/2016 1:52 PM
94	N/A	7/29/2016 1:39 PM
95	>30% cut in RARP reimbursement is a big problem	7/29/2016 1:31 PM
96	Bundling not fair Dentists dont have it Lawyers dont have it	7/29/2016 1:27 PM
97	none	7/29/2016 1:13 PM

98	delay in payments authorizations that then are withdrawn or don't guarantee payment	7/29/2016 1:06 PM
99	No	7/29/2016 1:05 PM
100	Prior auth burden	7/29/2016 1:00 PM
101	prior auth process is too complicated, takes too much time	7/29/2016 12:58 PM
102	The fact that reimbursement for HoLEP was cut, which is the most complex BPH procedure thus reducing incentive for adoption. The AUA's process and survey was flawed and needs reform.	7/29/2016 12:57 PM

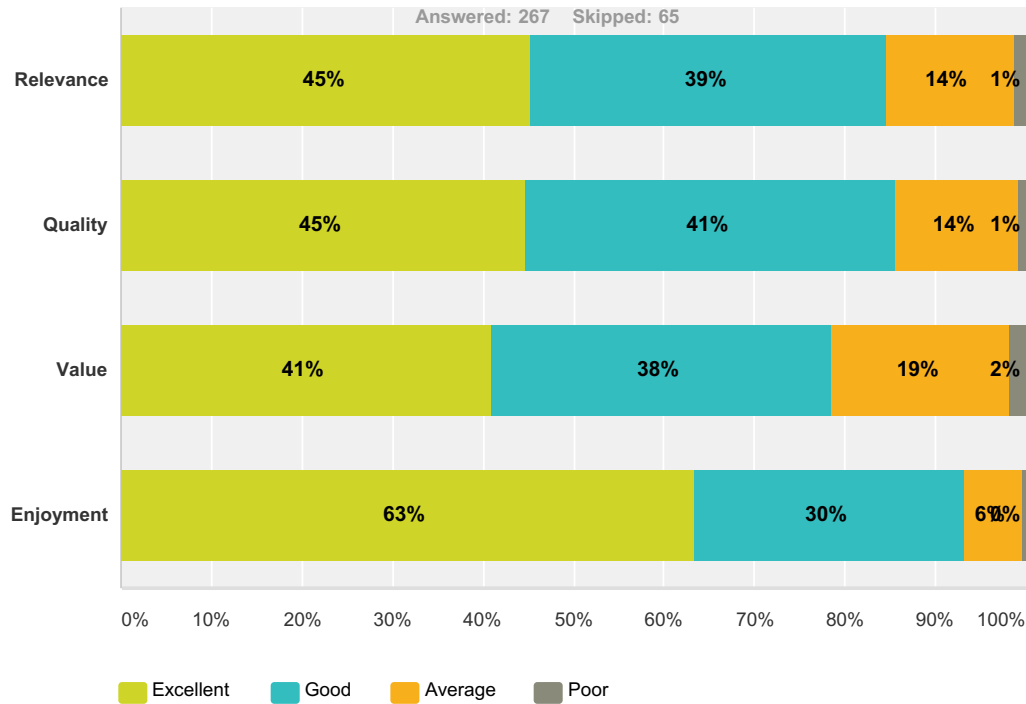
### Q30 For your CME needs, which do you prefer?

Answered: 322 Skipped: 10



#	Other (please specify)	Date
	There are no responses.	

### Q31 If attended in the last 10 years, how would you rate the Western Section annual meetings?

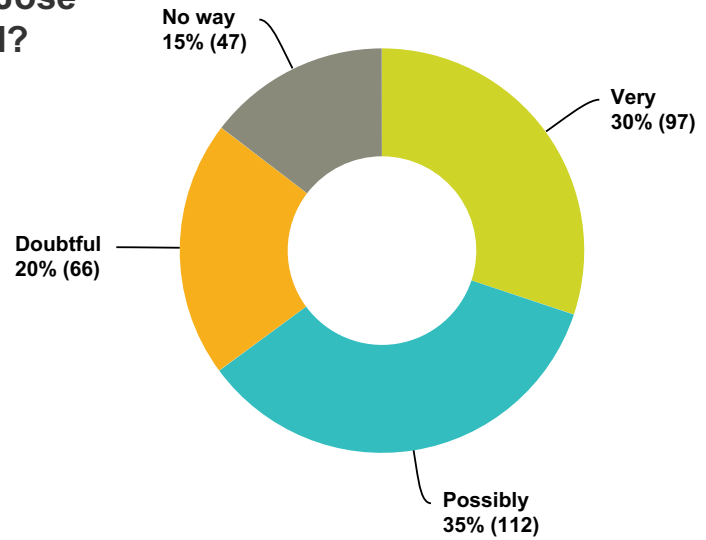


#	Comments, suggestions?	Date
1	resident presentations not great. I get more out of courses	9/2/2016 8:13 AM
2	Lower the cost to members	9/1/2016 5:23 PM
3	Not attended due to time constraints	9/1/2016 4:51 AM
4	more of a social meeting. More broad updates would be good to teach the membership.	8/25/2016 7:09 PM
5	keep it going	8/25/2016 6:46 PM
6	too expensive	8/25/2016 1:11 PM
7	Paying dues, then a hefty meeting fee is not appropriate.	8/24/2016 8:06 PM
8	I haven't been able to attend yet, which it was not a full week, like Weds-Sun instead	8/22/2016 11:47 AM
9	A terrific meeting and well run.	8/21/2016 4:00 PM
10	Have not attended	8/20/2016 6:27 PM
11	mostly WS is a social meeting	8/20/2016 5:05 PM
12	Never been	8/20/2016 7:22 AM
13	Need more of Plenary session (from 2016 AUA) type of education format... debate, specific topics for discussion, controversial cases, etc, less original research presentation	8/17/2016 1:44 PM
14	Haven't attended but hope to soon. Have had issues with call coverage as everyone wants to go!	8/17/2016 1:20 PM
15	did not attend	8/16/2016 5:55 PM
16	ask more leaders in the field to give state of the art lectures and moderators	8/8/2016 3:40 PM
17	The key for me is that WSAUA accept my abstract. That gets involved emotionally, even an unmoderated poster. At least I have had my say.	8/5/2016 10:21 AM
18	no comment. never been to one.	8/2/2016 12:05 PM
19	Best meeting.	8/2/2016 9:38 AM
20	have not gone in over ten year	8/2/2016 7:41 AM

21	for urologic subspecialties enjoyable but not educational	7/31/2016 10:15 PM
22	I don't attend anymore. Poor value - very expensive and too social	7/31/2016 4:25 PM
23	One of the only meetings i go to . see u in Hawaii in Oct.	7/31/2016 2:05 PM
24	Best meeting of the year. Best way to get CME. Excellent content, great people.	7/31/2016 1:51 PM
25	I have not attended	7/31/2016 10:00 AM
26	A yearly course specifically to review new or updated guidelines. In a family friendly place to combine work and pleasure	7/31/2016 9:56 AM
27	Would suggest that more of the information and presentations be geared towards providing us real world take-home messages that will improve patient care the first day back as well as our practice management and quality-of-life issues.	7/31/2016 9:20 AM
28	Have not attended	7/31/2016 9:16 AM
29	Haven't attended in many years	7/31/2016 9:09 AM
30	I've never been	7/31/2016 9:08 AM
31	Unfortunately I've been a football coach for last eight years, and I haven't made one because of the timing of the meeting. starting next year I will.	7/30/2016 7:18 AM
32	In my opinion, it is more valuable than AUA. However, more efforts should be made to have industry sponsor the meeting and the price needs to be lowered. Value is defined by cost and quality and the cost of nearly \$700 just for the conference is too high even for Hawaii.	7/30/2016 7:13 AM
33	have not attended	7/29/2016 11:35 PM
34	have not attended	7/29/2016 8:48 PM
35	enjoy meetings when I can go. Not sure why always or generally Halloween weekend. Hurts families! AUA always or generally always Mother's Day, so I guess it is a wash	7/29/2016 6:36 PM
36	It is not easier to get CME on line and less expensive. On line CME such as AUA updates are great.	7/29/2016 5:29 PM
37	Haven't been	7/29/2016 4:23 PM
38	only one hour on Pediatric urology	7/29/2016 2:12 PM
39	Seniors should be free registration	7/29/2016 2:03 PM
40	Hawaii, all the way!	7/29/2016 2:01 PM
41	Too many posters/papers are accepted.	7/29/2016 1:56 PM
42	Haven't attended	7/29/2016 1:17 PM
43	business section always so pessimistic	7/29/2016 1:07 PM
44	MEXICO!!!	7/19/2016 9:29 PM

### Q32 If a future Western Section meeting was to be held in Cabo, Mexico (San Jose del Cabo), would you be interested?

Answered: 322 Skipped: 10



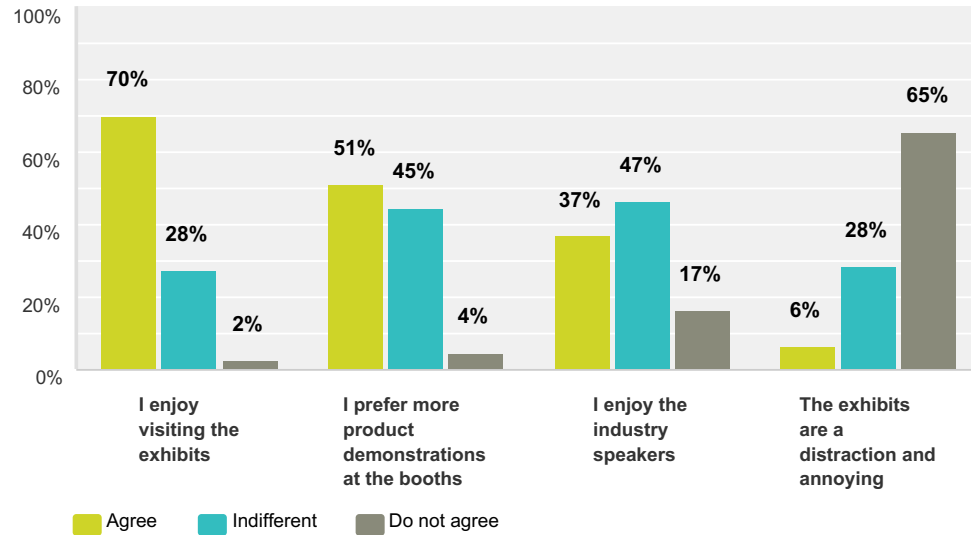
#	Comments	Date
1	Major steps need to be made in regards to the cartels, otherwise we are supporting Mexicos inactivity by tourism	9/3/2016 12:15 PM
2	No reimbursement in my institution for international travel	9/3/2016 10:31 AM
3	As long as the expense does not get too great.	8/31/2016 2:13 PM
4	been there, nothing special	8/22/2016 11:44 AM
5	too old	8/20/2016 6:22 PM
6	not too safe to go to Mexico these days.	8/20/2016 5:05 PM
7	concerns about hassle of international travel, safety abroad, zika, health concerns, etc for myself and my family	8/20/2016 3:39 PM
8	Not interested in Mexico or central America	8/19/2016 7:06 PM
9	Puerto Vallarta would be a better choice	8/15/2016 5:36 PM
10	My wife was kidnapped and held for ransom by the Mexican police.	8/5/2016 10:21 AM
11	I will not go to Mexico for anything.	8/4/2016 7:28 AM
12	If we can go to Canada, we can go to Mexico	8/2/2016 9:38 AM
13	The hotels there are very expensive. Has to be in Oct or April-May . BEST TIME.	7/31/2016 2:05 PM
14	Having been in the New York Section, I am familiar with foreign travel for section meetings and think incorporating them in sporadically in a some sort of cycle (as opposed to annually) would be of interest.	7/31/2016 12:49 PM
15	Will there be transportation from the airport to the resort?	7/31/2016 12:01 PM
16	go for may-sept ideal time	7/31/2016 10:15 AM
17	Zika virus concerns	7/31/2016 10:00 AM
18	I love Mexico!	7/31/2016 9:08 AM
19	The problem with western section meeting is the time of the year it's held. Children have school. It would have been preferred if it was mid August.	7/31/2016 8:54 AM
20	do not really care for Mexico 3rd World Country	7/31/2016 8:43 AM
21	Expensive flights but reasonable hotels. HOT weather or hurricanes. Safety in Mexico??	7/30/2016 11:05 AM
22	not interested in Mexico with current state of affairs there.	7/29/2016 6:36 PM
23	The expense of the every-other-year Hawaii meetings is a drain on the educational budgets of residency training programs.	7/29/2016 1:56 PM



24	Alaska??	7/29/2016 1:35 PM
25	LOL i just said that in the space above	7/19/2016 9:29 PM

### Q33 How important are the commercial exhibits at the meetings?

Answered: 322 Skipped: 10



	Agree	Indifferent	Do not agree	Total	Weighted Average
I enjoy visiting the exhibits	70% 225	28% 89	2% 8	322	2.67
I prefer more product demonstrations at the booths	51% 164	45% 143	4% 14	321	2.47
I enjoy the industry speakers	37% 118	47% 150	17% 53	321	2.20
The exhibits are a distraction and annoying	6% 20	28% 90	65% 208	318	1.41

#	Comments	Date
1	Seriously unless you live in a rural area and have no representatives come visit, ALL of these people are in our office DAILY. Nothing new at the booth.	8/21/2016 3:02 PM
2	Kaiser does not want industry influence	8/4/2016 6:01 PM
3	It must be clear is something is a sunshine act charge.	7/31/2016 3:26 PM
4	needed to defray cost	7/31/2016 10:50 AM
5	As long as they're providing information that we can use to improve or practices are large or our patient here	7/31/2016 9:20 AM
6	Fun and educational to visit.	7/30/2016 11:05 AM
7	Reps tend to be overbearing	7/29/2016 4:50 PM
8	Industry speakers are too much 'on the take'	7/29/2016 2:04 PM
9	value in seeing/comparing products	7/29/2016 2:03 PM
10	Giving industry talk should not absolutely preclude doing CME	7/29/2016 1:35 PM
11	physician well being might be a target with data from AUA census featured	7/19/2016 9:29 PM

### Q34 Please indicate your type of practice? (please check all that apply)

Answered: 322 Skipped: 10

Answer Choices	Responses
Private practice, urology solo	15% 48
Private practice, urology group or network	30% 95
Private practice, multi-specialty group	10% 32
Employee of an integrated health delivery system (e.g. Kaiser)	13% 41
Government / military employee	6% 20
Employee of teaching hospital / Academic center	20% 63
Employee of a hospital system	8% 25
Administrative	1% 3
Retired	3% 10
Other (please specify)	2% 8
<b>Total Respondents: 322</b>	

#	Other (please specify)	Date
1	Locums	8/18/2016 7:34 AM
2	Prostate Onsite Project (state-wide screening for prostate cancer)	8/15/2016 5:36 PM
3	paid as consulting physician to a healthcare district	8/15/2016 3:41 PM
4	semiretired	8/1/2016 3:46 PM
5	Dying Practice due to government	8/1/2016 8:48 AM
6	Part time.	7/31/2016 10:09 AM
7	Locums	7/31/2016 9:02 AM
8	Large urology group practice	7/29/2016 1:02 PM

### Q35 How many urologists are in your practice / group?

Answered: 322 Skipped: 10

