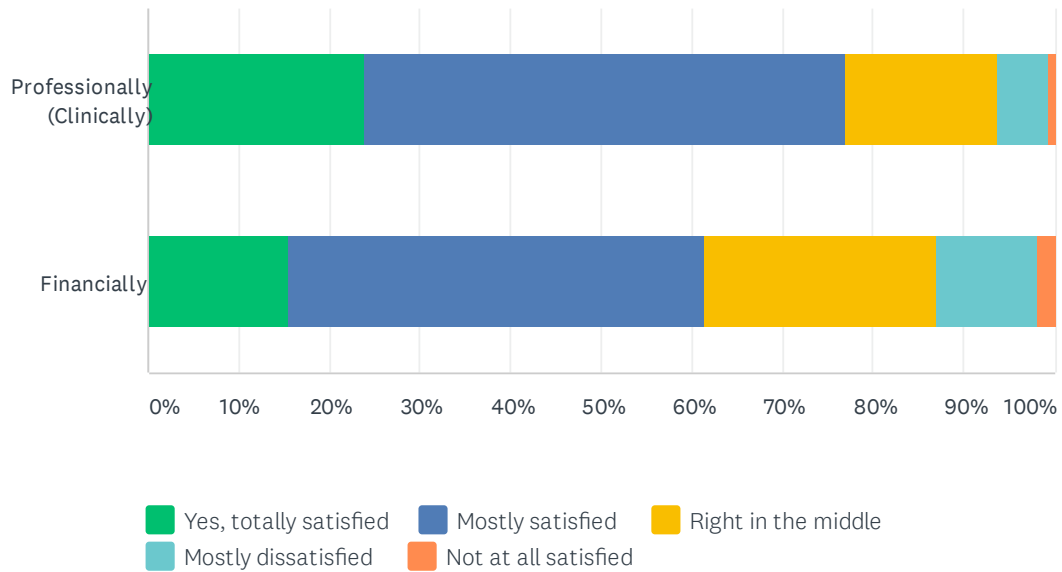


Q1 Are you satisfied with your urologic practice? (please select one choice for each row)

Answered: 440 Skipped: 0



	YES, TOTALLY SATISFIED	MOSTLY SATISFIED	RIGHT IN THE MIDDLE	MOSTLY DISSATISFIED	NOT AT ALL SATISFIED	TOTAL
Professionally (Clinically)	23.92% 105	53.08% 233	16.86% 74	5.47% 24	0.68% 3	439
Financially	15.44% 67	46.08% 200	25.35% 110	11.29% 49	1.84% 8	434

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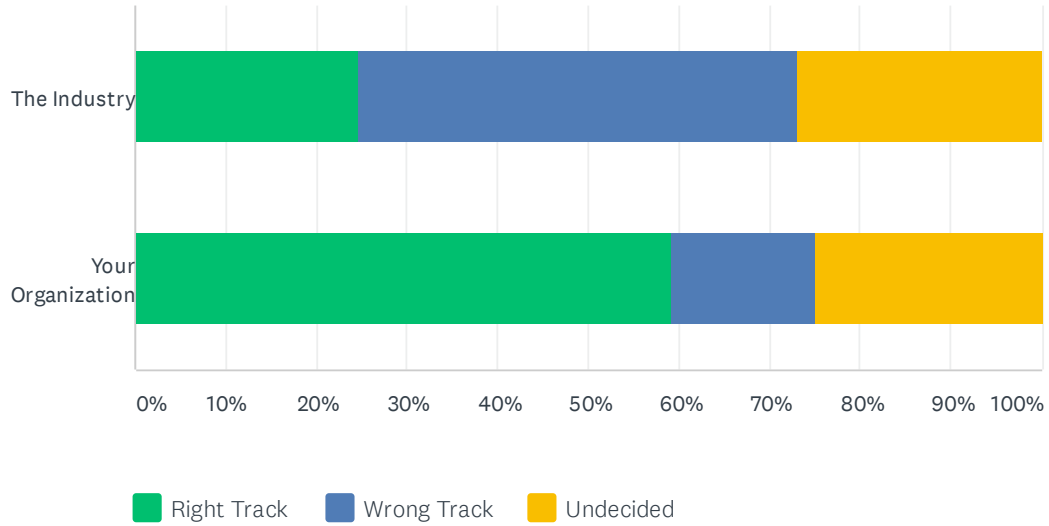
#	COMMENTS	DATE
1	Just retired but accurate reflection of my sentiments	9/1/2020 12:33 PM
2	I recently retired	8/27/2020 12:24 PM
3	insurance contracts issues.	8/26/2020 12:50 PM
4	Reimbursements continue to go down. Insurance companies continue to find a little way to deny claims	8/25/2020 9:44 AM
5	Feel like need to do too much with limited staff	8/24/2020 1:40 PM
6	Stopped taking hospitals and ER call after 40 years. Now the hospital hospital has a \$1600 daily stipend! Go figure.	8/23/2020 1:18 PM
7	The battle to make a few pennies , never ends	8/23/2020 10:49 AM
8	Reimbursement is INADEQUATE!!!!	8/22/2020 9:17 PM
9	xxx	8/22/2020 12:56 PM
10	Still frustrated by the persistent inefficiency of EMR's.	8/21/2020 4:33 PM
11	wish I could get the right patients into my clinic	8/18/2020 7:32 AM
12	Covid-19 is a financial disaster.	8/17/2020 7:35 PM
13	too much insurance late denials	8/17/2020 6:30 PM
14	RVU System very Unfair to Urologists.	8/17/2020 5:45 PM
15	I am a military urologist.	8/17/2020 4:14 PM
16	At times a feel a bit undervalued in a fee for service model for care or activity that doesn't have a fee code associated	8/17/2020 1:40 PM
17	I have mostly retired from Urology, but am the medical director of telehealth. I miss my patients, but NOT all the other aspects.	8/17/2020 12:31 PM
18	love partners and helping patients; hate the administration and frictional cost of looking after patients; documentation; medicolegal	8/17/2020 9:09 AM
19	In industry now	8/17/2020 6:23 AM
20	Wish I could make just a little more to be above 50% percentile	8/17/2020 1:04 AM
21	I work in an amazing town (SLC) with unprecedented access to the outdoors (<30min to MOUNTAINS) and adequate fine dining and cultural opportunities. All of these things make up for *slightly* less satisfaction than other places with more lucrative contracts. This, plus my colleagues are amazingly collegial and supportive.	8/16/2020 9:20 PM
22	It was better before Covid pandemic	8/16/2020 7:52 PM
23	Retired	8/16/2020 7:20 PM
24	Wish I earned more, but my salary is negotiated, so no surprises	8/16/2020 7:17 PM
25	Lack of transparency on compensation. Salary cuts 2/2 to Covid.	8/16/2020 7:16 PM
26	burned out	8/16/2020 6:48 PM
27	pandemic etc--not good	8/16/2020 6:39 PM
28	working only part time as I am retired once.	8/16/2020 5:53 PM
29	I hate that every year or so, The government reduces reimbursement for docs.	8/16/2020 5:13 PM
30	I am female, practicing general urology. I get pigeon-holed into seeing many female patients (recurrent UTIs, incontinence, pain issues) rather than more "interesting" areas of urology. This limits my enjoyment of practice, surgical volume, and income.	8/9/2020 2:52 PM
31	More clinical/surgical volume, and lower administrative burden would improve satisfaction	8/5/2020 11:26 PM

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32	I am definitely making less than I was 5 years ago. But recently our group got a win because now we are getting paid for call, even though it is not as much as many of our colleagues, we are still getting paid.	8/4/2020 8:12 PM
33	I retired last year and now do volunteer urology twice a month	8/4/2020 1:06 PM
34	I have 2 practices and one makes very little. I depend on my primary practice to support myself.	8/3/2020 9:49 PM
35	Always room to make more money	8/3/2020 8:03 PM
36	virus has adversely impacted already difficult practice	8/3/2020 1:06 PM
37	I retired May 12,2020	8/3/2020 9:08 AM
38	The coronavirus pandemic has decimated us in terms of patient volume.	8/3/2020 7:58 AM
39	Covid lead to 20% cuts in our salary	8/3/2020 7:52 AM
40	Too much EMR time.	8/3/2020 7:39 AM
41	Underpaid as an employee. No pay for taking "call."	8/2/2020 11:27 PM
42	Seems increased hours with decreased reimbursement and respect over time	8/2/2020 9:29 PM
43	I'm retired, but still satisfied with how my practice was - professional and financial	8/2/2020 9:11 PM
44	Covid - 19 has caused a disruption	8/2/2020 7:34 PM
45	Retired	8/2/2020 6:28 PM
46	Overhead increases reimbursements decrease	8/2/2020 5:53 PM
47	Reimbursement has gone down as my expertise and experience has gone up	8/2/2020 5:51 PM
48	Significant administrative clinical issues currently that are sub-optimal. Day to day patient care and surgery ok.	8/2/2020 5:47 PM
49	I really enjoy it. yes, we'd always like more money, but I am comfortable	8/2/2020 5:42 PM
50	Working harder for less money. I feel like the system rewards those who practice to profit and not what's best for the patient	8/2/2020 5:12 PM
51	income has dropped, and the hassle factor for practicing medicine has increased since the COVID situation started.	8/2/2020 5:08 PM
52	Southern California has low reimbursement	8/2/2020 5:03 PM
53	Working for Hospital... they decrease draw every year or so	8/2/2020 5:00 PM

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

Answered: 440 Skipped: 0



	RIGHT TRACK	WRONG TRACK	UNDECIDED	TOTAL
The Industry	24.66% 108	48.40% 212	26.94% 118	438
Your Organization	59.17% 258	15.83% 69	25.00% 109	436

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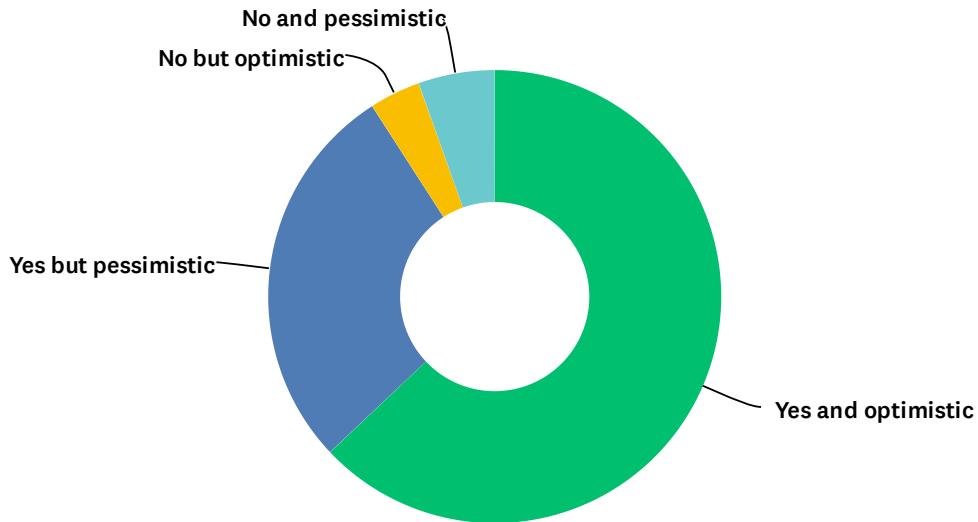
#	COMMENTS	DATE
1	the greatest issue is healthcare financing IMO, not hospitals, doctors and nursing practices	9/1/2020 12:33 PM
2	too much uncertainties.	8/26/2020 12:50 PM
3	To actually promote healthcare as opposed to manage sickcare would take a major re-education and allocation of resources and highly unfeasible with fractional patient engagement and secondary gain for insurance companies and big pharma to keep the status quo	8/24/2020 1:40 PM
4	xxx	8/22/2020 12:56 PM
5	I'm worried about NPs taking over going forward. They are gaining independent practice everywhere. We should not be training them to be our replacements.	8/19/2020 6:53 AM
6	AUA is one of the best	8/17/2020 7:35 PM
7	Insurance should pay upfront for medical care, not after it is administered	8/17/2020 6:30 PM
8	Perhaps naively I have confidence in the profession to muddle through to or lurch toward the right path in the end. It is the ponderousness of medicine that keeps us on the right path. We seem to come to the future slowly but we do come to it.	8/17/2020 5:05 PM
9	Too much pressure on the business aspects of medicine and getting away from the substance of doctor-patient relationships.	8/17/2020 2:25 PM
10	Major upheaval with a shift in EMR to Epic that was poorly rolled out.	8/17/2020 1:40 PM
11	If the industry is going in the wrong direction, it's virtually impossible for the hospital not to follow.	8/17/2020 12:31 PM
12	Urology groups and advocacy groups have not addressed the big issues with dissatisfaction and burnout in urology	8/17/2020 9:47 AM
13	With information changing on an annual basis, there is no way to make a long term plan.	8/16/2020 10:17 PM
14	Financial compensation disagreements	8/16/2020 9:31 PM
15	I am fortunate to work for two institutions which both value high value care and are concerned with top quality.	8/16/2020 9:20 PM
16	I am concerned about problems with national access to care, rising healthcare costs and affordability	8/16/2020 8:30 PM
17	Still troubled by the way health care has been politicized. Definitely needs to be a right.	8/16/2020 7:54 PM
18	Stable group practice	8/16/2020 7:52 PM
19	Cut our support staff work by 20% despite record demand for service	8/16/2020 7:17 PM
20	Healthcare still has increase cost 2/2 unnecessary middle "Man" costs.	8/16/2020 7:16 PM
21	Medical practices are being bought up by hospitals which are being bought up by large corporate chains which are being bought up and controlled by insurance companies.	8/16/2020 6:12 PM
22	The massive mismanagement of the system should be an embarrassment to all. How many different EMR's are we using in the United States????	8/16/2020 5:51 PM
23	I have opted out of insurance.	8/16/2020 5:35 PM
24	we have just been acquired	8/4/2020 2:16 PM
25	Medical practices are being purchased by venture capital firms that ONLY has their financial interest. NOT the patient NOR the doctor!	8/3/2020 11:58 PM
26	Telehealth has been important to moving our practices forward. Nevertheless, losses are significant.	8/3/2020 9:49 PM
27	Until the US takes the profit motive out of health care delivery, we will not be able to deliver the care that we can.	8/3/2020 8:31 PM
28	Industry is driving out private practice in favor of hospital hired physicians which is making quality of care worse and waiting times to see physicians longer.	8/3/2020 6:15 PM

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29	Healthcare is becoming more rather than less fragmented. There are increasing costs for staff to navigate endless mountains of authorizations, contractual status, etc. Insurances deny care and reimburse less for regular care while refusing to compensate physicians for their time. Huge payments go to hospitals/insurance companies/device manufacturers/pharma while physicians are often forced to rely on support from hospitals or other personal investments to be able to make a good salary. Who do we want to hold the power of large payments? Administrators of organizations or physicians who take an oath to serve their patients?	8/3/2020 2:08 PM
30	A basic, universal health care model is needed; the Taiwan example comes to mind	8/3/2020 11:43 AM
31	Professionalism is being lost as we become simple cost/revenue centers in the eyes of industrial medicine	8/3/2020 9:37 AM
32	I work for SCPMG (Kaiser) and feel that they have the answer to healthcare for USA	8/3/2020 8:41 AM
33	The US healthcare system is fundamentally flawed leading to financial ruin for patients, poor quality care and burnout among providers.	8/3/2020 7:39 AM
34	Concerned regarding care inequities	8/3/2020 6:09 AM
35	The patient can't always be right, and insurers shouldn't have the last word.	8/2/2020 11:27 PM
36	I worked for Kaiser - instead of medicare for all, a lot of problems would be solved if we had "Kaiser for all"	8/2/2020 9:11 PM
37	Administrators are given too much power and money they are not worth it it is physicians fault we are not united	8/2/2020 9:02 PM
38	To much Government control and manipulation	8/2/2020 7:34 PM
39	Increasing consolidation leading to increasing control over physicians	8/2/2020 6:28 PM
40	We remain an independent large urology group practice. The trend toward employed urologists is not healthy	8/2/2020 5:58 PM
41	Insurance companies have too much power	8/2/2020 5:48 PM
42	Too many big players worried about the money, not the patient - though they lie and say they do	8/2/2020 5:42 PM
43	we are doing more and getting paid the same but having to increase our volume to keep up the income. Also, the costs are going up.	8/2/2020 5:38 PM
44	I believe it is time to reduce the strength/oligopoly of the insurers.	8/2/2020 5:14 PM
45	Need more urologists	8/2/2020 5:00 PM

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

Answered: 440 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes and optimistic	62.95%	277
Yes but pessimistic	27.95%	123
No but optimistic	3.64%	16
No and pessimistic	5.45%	24
TOTAL		440

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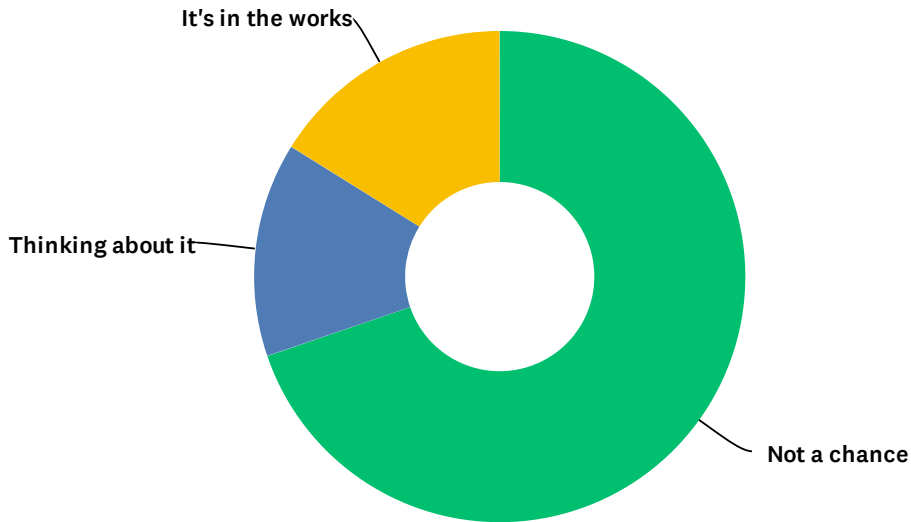
#	COMMENTS	DATE
1	Retired from Kaiser and now working and teaching at VA. Know several former colleagues that wish to follow same path	8/24/2020 10:14 PM
2	high quality practitioners with vision to do more	8/24/2020 1:40 PM
3	If things don't go well I'll retire	8/23/2020 1:18 PM
4	I am a solo practitioner. The reimbursement rates are killing me	8/22/2020 9:17 PM
5	xxx	8/22/2020 12:56 PM
6	Optimistic but we need to be willing to make significant changes that will improve outcomes,	8/19/2020 3:30 PM
7	We need to get ride of lobbyist , insurance companies , the go between health care intermediaries	8/17/2020 7:35 PM
8	working for Kaiser	8/17/2020 2:47 PM
9	I am happy with my new challenges in telehealth, but sadly I think Urology practices are suffering like everyone else. The pandemic has also changed the future for a long long while.	8/17/2020 12:31 PM
10	not applicable	8/17/2020 6:23 AM
11	Often I feel overworked and underpaid.	8/16/2020 10:49 PM
12	Again, our per capita growth rate (I am a pediatric urologist) is one of the top in the nation so our outlook is bright.	8/16/2020 9:20 PM
13	except for uncertainty revolving around the coronavirus	8/16/2020 8:30 PM
14	Need new provider	8/16/2020 7:52 PM
15	Retired	8/16/2020 7:20 PM
16	Academic practice, growing.	8/16/2020 7:17 PM
17	Loose more academic support	8/16/2020 7:16 PM
18	hospital,owns most pcp and will either hire us or hire their own	8/16/2020 6:39 PM
19	Everything is changing and everyone needs to adapt or perish	8/16/2020 5:51 PM
20	I have some very proactive, smart partners.	8/4/2020 8:12 PM
21	Covid means fewer patients and more spacing between visits.Also, expaned use of advanced practice providers seems to be leading to more referrals to specialists (this can overwhelm the system and limit access for patients that require specialty care)	8/3/2020 2:08 PM
22	virus has put the nail in the coffin of private medical practice assisting government attempts to kill off private practice and patient choice in care	8/3/2020 1:06 PM
23	I work for Kaiser	8/3/2020 12:34 PM
24	Again, not applicable, but I think Kaiser will remain viable.	8/2/2020 9:11 PM
25	Seems like less and less is covered for our patients.	8/2/2020 6:58 PM
26	Covid-19 issues have created multiple layers of problems for the practice.	8/2/2020 6:41 PM
27	Retired and group closing	8/2/2020 6:28 PM
28	We are 14 providers with our own building, radiation center, imaging, and are building an ASC	8/2/2020 5:58 PM
29	Private practice will not be atound in my city	8/2/2020 5:53 PM
30	The Covid will cause severe economic shock for many families, and many will lose employer sponsored health insurance	8/2/2020 5:48 PM
31	Poor leadership and administrative organization.	8/2/2020 5:47 PM
32	It's always tighter every year, but as I said before, still comfortable	8/2/2020 5:42 PM

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33	COVID is a worry, but I worry about the costs skyrocketing to keep the equipment and infrastructure running.	8/2/2020 5:38 PM
34	Two large competitors now, and I am solo, though near the end of my career, so a decreasing concern.	8/2/2020 5:14 PM
35	So much uncertainty now hard to be optimistic	8/2/2020 5:04 PM

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

Answered: 440 Skipped: 0



ANSWER CHOICES	RESPONSES	
Not a chance	69.77%	307
Thinking about it	14.09%	62
It's in the works	16.14%	71
TOTAL		440

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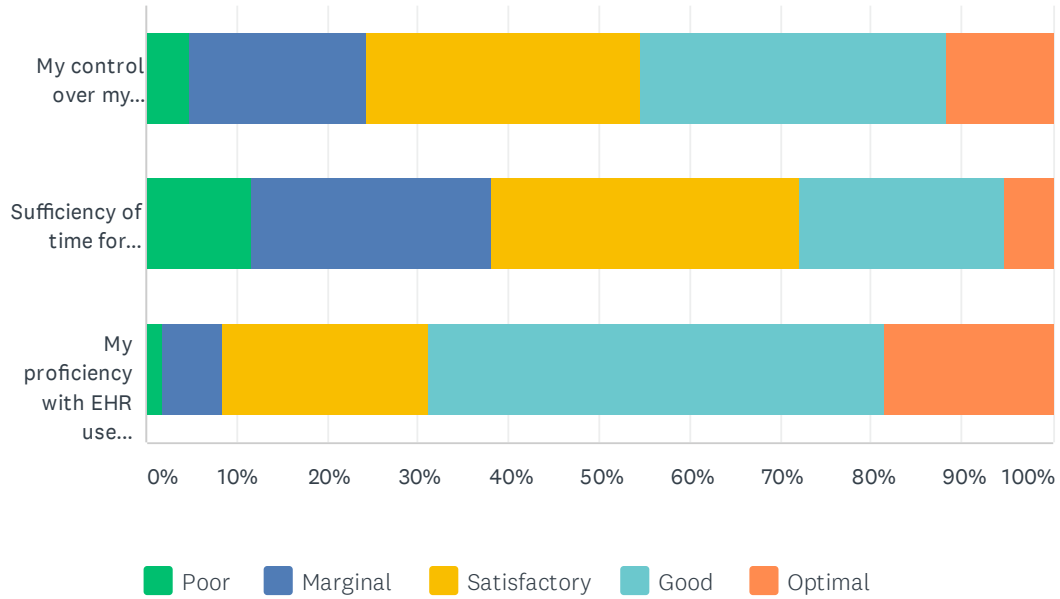
#	COMMENTS	DATE
1	retired now	9/1/2020 12:33 PM
2	Already done	8/27/2020 12:24 PM
3	Financially able. Will want more free time as I age (65 y/o)	8/24/2020 10:14 PM
4	Wanted to practice 5 more years but that doesn't seem financially viable	8/22/2020 9:17 PM
5	xxx	8/22/2020 12:56 PM
6	to many bills to pay to retire	8/21/2020 3:45 PM
7	I'm mostly doing administrative/educational work these days and gradually slowing down. Help in OR prn on major urologic onc cases.	8/19/2020 3:30 PM
8	retired from my private practice of 38 years June/18 when 70 1/2 years of age and currently employed by a large national imaging center as Director of Urologic Services for focal laser ablation therapy for treatment of prostate cancer clinical investigational resesearch project f	8/19/2020 10:41 AM
9	I never thought we come to this stage, where medicine is a 9-5 job.	8/17/2020 7:35 PM
10	On the other hand, I am 72 y/o and retirement is in the near future. Just not because of dissatisfaction.	8/17/2020 5:05 PM
11	I will retire from military practice in 2 yrs. Then looking for a new civilian job.	8/17/2020 4:14 PM
12	just started the middle third of my career	8/17/2020 1:40 PM
13	I have not been in the OR in a year or seen a patient in 6 months. I am sooo happy to not have to deal with EHRs and all that goes with running a practice. I am 58 and never thought I would retire at such an early age.	8/17/2020 12:31 PM
14	planned	8/17/2020 7:08 AM
15	I am already partially retired	8/16/2020 9:10 PM
16	Ned to make money have 3 kids	8/16/2020 8:28 PM
17	Need to work at least 8 years longer	8/16/2020 8:14 PM
18	Pandemic has made me think more about retirement	8/16/2020 7:54 PM
19	Already retired	8/16/2020 7:20 PM
20	7 years, age 60	8/16/2020 6:48 PM
21	Overhead going up, taxes up, income down.	8/16/2020 6:12 PM
22	I love taking care of the patients but the computer work has gotten so onerous that I am going to retire.	8/4/2020 8:12 PM
23	retired last year and now doing volunteer urology	8/4/2020 1:06 PM
24	Morgatge too high, no where near enough savings, economy tenuous...	8/3/2020 2:08 PM
25	Retiring at the end of this year.	8/3/2020 1:48 PM
26	trying to hold on for a few more years as long as I am physically and mentally healthy	8/3/2020 1:06 PM
27	I am 67 years old. Not professionally or financially dissatisfied, just tired	8/3/2020 1:02 PM
28	just done I am out.	8/3/2020 9:08 AM
29	If I could I would	8/3/2020 7:55 AM
30	Would like to move to 0.8 with more of a focus on policy and public service.	8/3/2020 7:39 AM
31	Was actually anticipated as "03/30/2023"; but is "pushed back" due to spouse's recent health issues.	8/2/2020 11:27 PM
32	Done deal	8/2/2020 9:11 PM

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33	But I would if I could	8/2/2020 7:49 PM
34	I am 73	8/2/2020 7:34 PM
35	Done	8/2/2020 6:28 PM
36	I am not able to retire yet at age 49.	8/2/2020 5:38 PM
37	Going part time this year, done by end of 2021	8/2/2020 5:14 PM

Q5 Workload

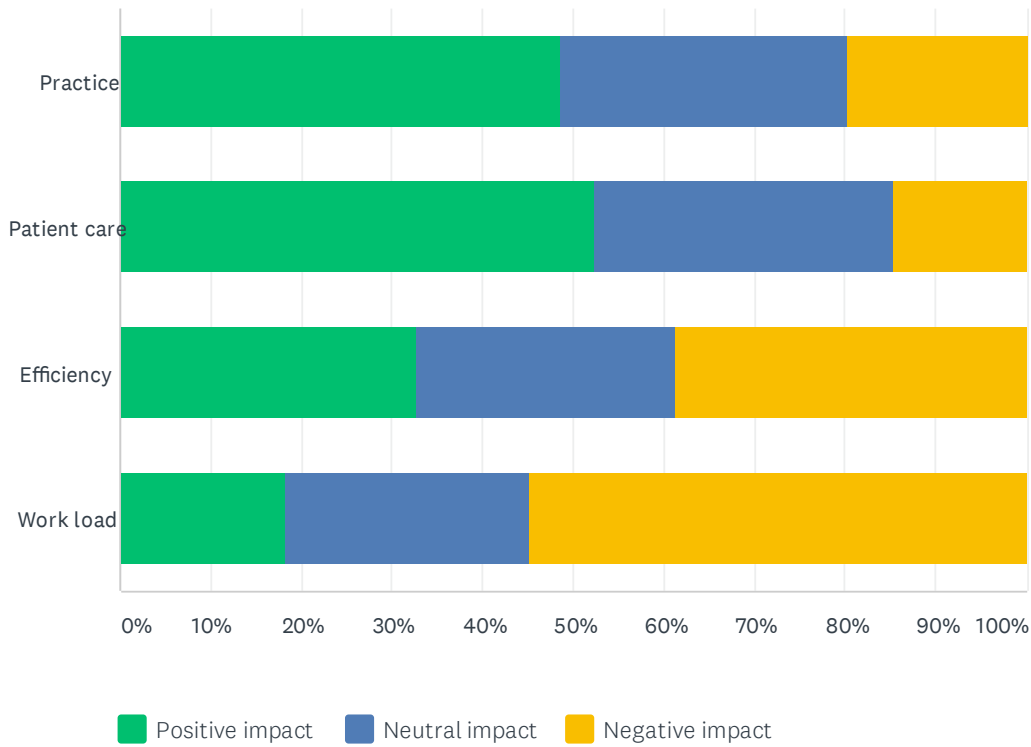
Answered: 440 Skipped: 0



	POOR	MARGINAL	SATISFACTORY	GOOD	OPTIMAL	TOTAL	WEIGHTED AVERAGE
My control over my workload is:	4.77% 21	19.55% 86	30.23% 133	33.86% 149	11.59% 51	440	3.28
Sufficiency of time for documentation is:	11.72% 51	26.44% 115	34.02% 148	22.53% 98	5.29% 23	435	2.83
My proficiency with EHR use is:	1.82% 8	6.61% 29	22.78% 100	50.34% 221	18.45% 81	439	3.77

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

Answered: 437 Skipped: 3



	POSITIVE IMPACT	NEUTRAL IMPACT	NEGATIVE IMPACT	TOTAL
Practice	48.51% 212	31.81% 139	19.68% 86	437
Patient care	52.40% 229	32.95% 144	14.65% 64	437
Efficiency	32.80% 143	28.44% 124	38.76% 169	436
Work load	18.35% 80	26.83% 117	54.82% 239	436

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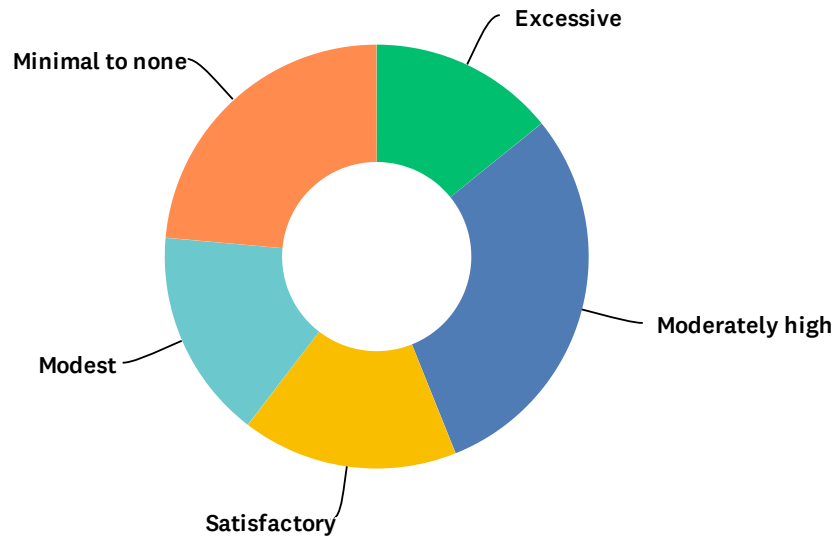
#	COMMENTS	DATE
1	The only reason its positive is bc I have brought in a scribe. If no scribe it would be a different answer	8/25/2020 9:44 AM
2	Can't imagine going back to suffering paper. No other industry stuck in that dark age. Data entry is burdensome--- could use scribe	8/24/2020 10:14 PM
3	I don't use EHR Have never regretted the decision	8/23/2020 1:18 PM
4	Too much time with documentation	8/22/2020 9:17 PM
5	It took the first 4-5 years of EHR use to reach positive impact.	8/22/2020 1:59 PM
6	xxx	8/22/2020 12:56 PM
7	They can't seem to create the system I am requesting, but there is some private equity interest to try	8/21/2020 9:52 PM
8	Need I say more? Negative impact. Only advantages: ease of prescription writing, access to labs, access to patient records away from office	8/21/2020 4:33 PM
9	slows me down but record keeping improved	8/21/2020 3:45 PM
10	Love it. Can't imagine life without it	8/19/2020 10:46 AM
11	I spent my own time at the end of the work day to put DATA in, the other way is insulting to my patient . Getting a trance Er in the room is invading of my patient,s privacy esp.in UROLOGY	8/17/2020 7:35 PM
12	I am an older Urologist and have found EMR "burdensome", to put it mildly!	8/17/2020 3:46 PM
13	Without a shred of doubt, EHR is designed to help ancillary services and significantly makes work more difficult for doctors	8/17/2020 2:25 PM
14	so many things that could be done to improve Epic at our place - amazing how poor the product is rolled out despite their market share	8/17/2020 1:40 PM
15	The EHR since 2009 has been a nightmare!	8/17/2020 12:31 PM
16	not applicable- out of practice now	8/17/2020 6:23 AM
17	The are many advantages to EHR along with disadvantages. ideally, having one EHR would be ideal	8/16/2020 8:30 PM
18	Full in box.	8/16/2020 7:20 PM
19	We never achieved the efficiency or #pt vista that we had pre emr	8/16/2020 7:17 PM
20	Too many patient inbox messages	8/16/2020 6:26 PM
21	It was never ready for prime time it is creating tremendous problems. With the biggest is the inherent dishonesty of doctors using templates and billing as if they did comprehensive review of systems and exams when these were really never done.	8/16/2020 6:12 PM
22	It's important, valuable, and forward-thinking, but it simply takes too much time.	8/6/2020 10:28 PM
23	Precharting takes much time	8/5/2020 10:26 PM
24	I've never not had EHR so I don't have anything to compare it to.	8/5/2020 8:36 PM
25	I have had to hire a scribe which has helped me. I still have significant frustration with the actual EMR and our inept IT department. I also hate the EHR in the hospitals because I never am sure what orders the RNs are seeing. Terrible!	8/4/2020 8:12 PM
26	I am familiar with 4 different EHR systems, and some are definitely better than others.	8/3/2020 8:31 PM
27	each program different and not medically intuitive -- only good for counting charges and marginally for billing	8/3/2020 1:06 PM
28	I would never go back to the paper chart	8/3/2020 12:34 PM
29	SCPMG has training courses for EHR that can really make a difference!	8/3/2020 8:41 AM
30	Single largest area of personal dissatisfaction. Too much time clicking, preloading charts and	8/3/2020 7:39 AM

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	not time built into the scheduled for indirect care.	
31	retrospective analysis	8/2/2020 9:11 PM
32	Very cumbersome	8/2/2020 9:02 PM
33	Spend too much time looking at the computer	8/2/2020 6:58 PM
34	EHR has made me a better typist; that is it. Now I code, order tests, type, etc - all clerical tasks that have been shifted to me and distract from delivery of pt care	8/2/2020 5:58 PM
35	Properly configured, EHR is helpful	8/2/2020 5:48 PM
36	The notes are legible, but contain so much fluff	8/2/2020 5:42 PM
37	Although it is easier to see things, it seems to have increased my workload quite a bit to fill out forms, keep an eye on things etc. But I am able, I think, to deliver better patient care.	8/2/2020 5:38 PM
38	Not sure if those complaining about ehr really think tracking down films, facing offices, etc was so much better. Though not perfect it's closest thing to data at fingertips.	8/2/2020 4:54 PM

Q7 The amount of time I spend on the electronic health record (EHR) at home is:

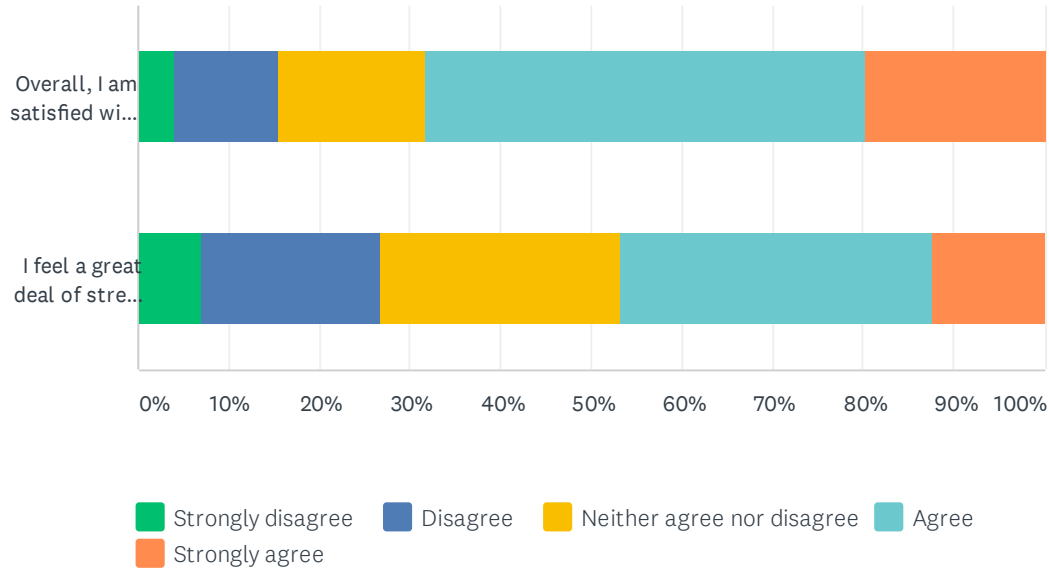
Answered: 437 Skipped: 3



ANSWER CHOICES	RESPONSES	
Excessive	14.19%	62
Moderately high	29.75%	130
Satisfactory	16.48%	72
Modest	16.02%	70
Minimal to none	23.57%	103
TOTAL		437

Q8 Please tell us about your personal well being:

Answered: 440 Skipped: 0



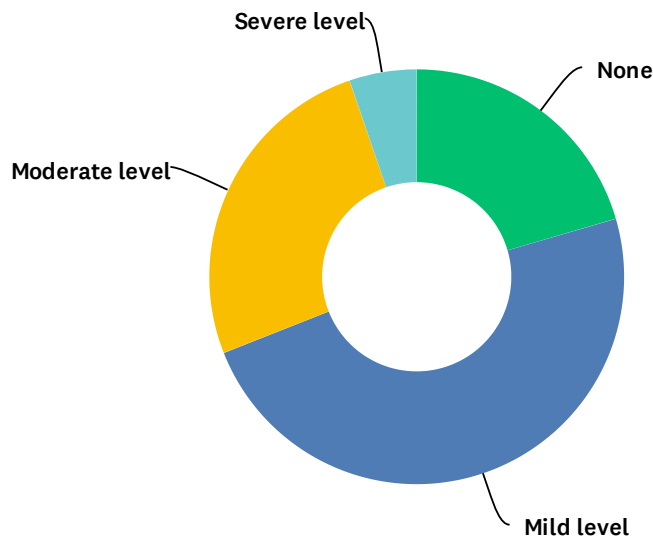
	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	TOTAL
Overall, I am satisfied with my current job:	4.10% 18	11.39% 50	16.17% 71	48.75% 214	19.59% 86	439
I feel a great deal of stress because of my job:	7.08% 31	19.63% 86	26.48% 116	34.47% 151	12.33% 54	438

Western Section AUA 2020 Health Policy Survey

#	COMMENTS	DATE
1	I retired due to the stress of call in a small group	8/27/2020 12:24 PM
2	satisfied---- but employed and work only 50% time	8/24/2020 10:14 PM
3	I prefer not being micromanaged, but need a bit more managerial support/ presence	8/24/2020 1:40 PM
4	xxx	8/22/2020 12:56 PM
5	still like my job on the good days. bad days are becoming more common unfortunately	8/21/2020 3:45 PM
6	I love taking care/interact/listening to my patients. Th scut work leaves a lot to be desired.	8/17/2020 7:35 PM
7	As an older urologist, in private practice, I leave the "heavy lifting" to my younger partners	8/17/2020 3:46 PM
8	No call...it's the best	8/17/2020 12:31 PM
9	More stress now due to Covid-19. Call coverage demands are high at my job location	8/16/2020 7:54 PM
10	am leaving private practice and joining VA	8/16/2020 6:48 PM
11	still satisfied , but definitely increased stresses recently	8/16/2020 6:39 PM
12	I wanted to walk away 2 days but only stayed because I am greedy and did not want to abandon my partners	8/16/2020 5:51 PM
13	As much as I love my job, I am currently overworked.	8/5/2020 8:36 PM
14	The EHR in the main reason for my dissatisfaction.	8/4/2020 8:12 PM
15	I thrive on the stress	8/4/2020 6:01 AM
16	Except for virus and EMR, my well being due to function of practice has improved	8/3/2020 1:06 PM
17	retired recently	8/3/2020 9:08 AM
18	Reduction of 15% would lead to excellent satisfaction with my job.	8/3/2020 7:39 AM
19	It's great being retired	8/2/2020 9:11 PM
20	My current call burden is much higher than I would like (q3).	8/2/2020 6:32 PM
21	EHR, meetings to remain financially sound and run efficient practice take away from personal time and family	8/2/2020 5:58 PM
22	As long as I don't take hospital calls, I am ok	8/2/2020 5:48 PM
23	Experiencing feelings of indifference intermittently for different reasons which is bothersome.	8/2/2020 5:47 PM
24	I am most stressed that I am so far behind in getting to see patients because of COVID. I don't know how I am going to catch up--even with just follow-up of patients with imaging and bloodwork etc. Havin got seen patients in person, it is really stressful.	8/2/2020 5:38 PM
25	Coasting... not too stressful	8/2/2020 5:00 PM

Q9 Using the following definition of burnout, how would you define your current level of burnout? (Burnout definition: "Burnout is a long-term stress reaction characterized by depersonalization, including cynical or negative attitudes toward patients, emotional exhaustion and a feeling of decreased personal achievement")

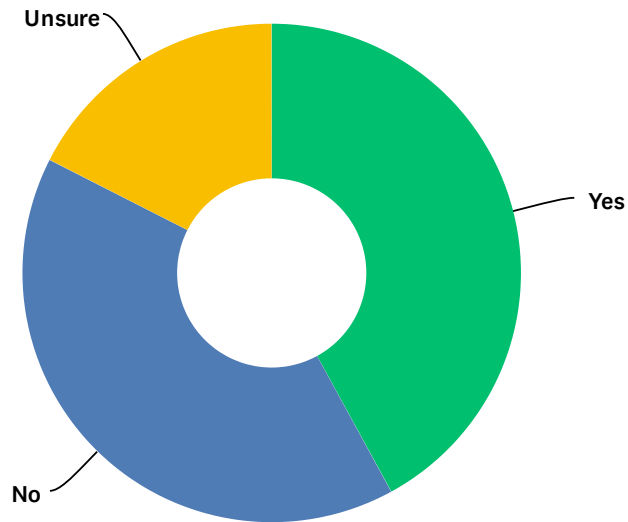
Answered: 439 Skipped: 1



ANSWER CHOICES	RESPONSES	
None	20.50%	90
Mild level	48.52%	213
Moderate level	25.74%	113
Severe level	5.24%	23
TOTAL		439

Q10 Does your workplace provide intervention(s) to help reduce or prevent burnout?

Answered: 440 Skipped: 0



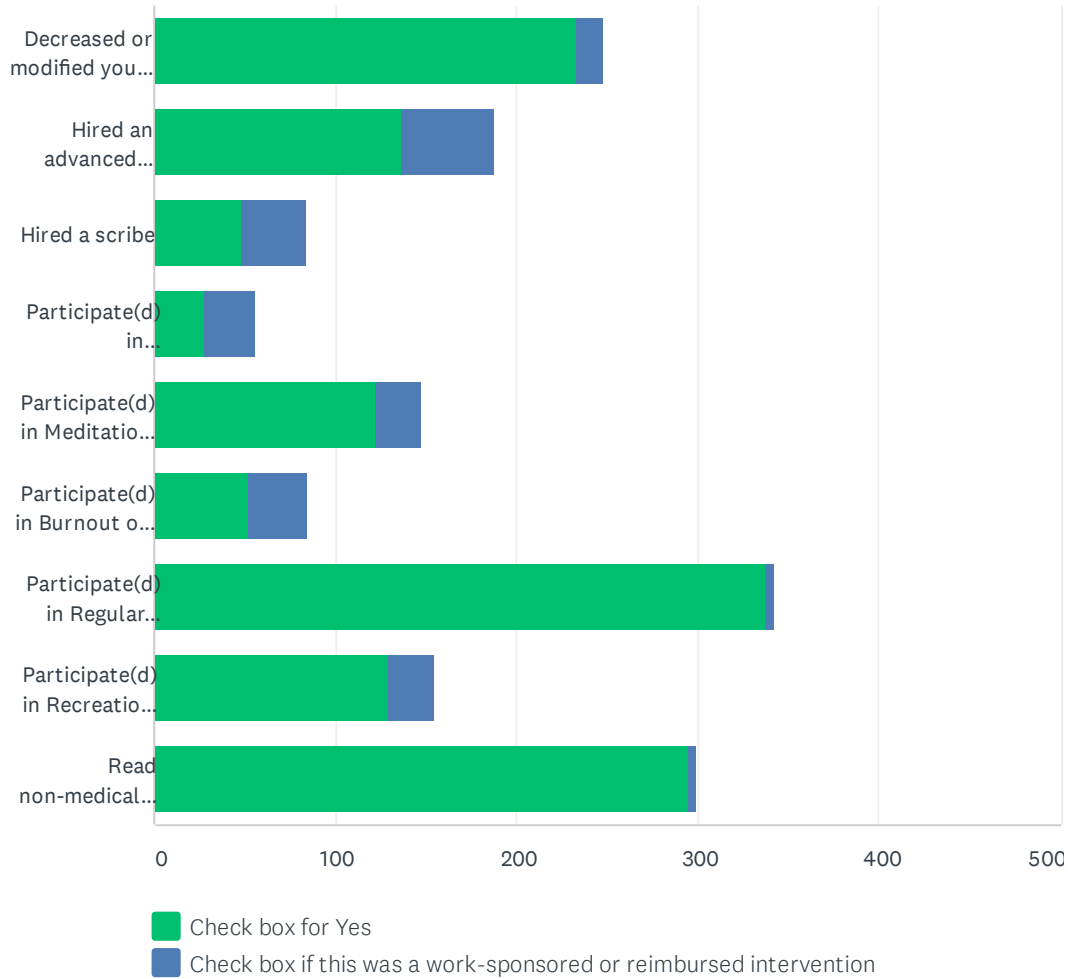
ANSWER CHOICES	RESPONSES	
Yes	42.05%	185
No	40.45%	178
Unsure	17.50%	77
TOTAL		440

Western Section AUA 2020 Health Policy Survey

#	COMMENTS:	DATE
1	with retirement last year, I have slowly but steadily found renewed interest, energy, health	9/1/2020 12:33 PM
2	mostly seems superficial - outings, pep-talk. Better would be supportive ancillary staff	8/24/2020 10:14 PM
3	xxx	8/22/2020 12:56 PM
4	Many burned out physicians around me, but I'm not seeing that they're getting much help.	8/19/2020 3:30 PM
5	lip service; COVID probably contributing most to burnout for me	8/17/2020 1:40 PM
6	nominally yes but who has the time?	8/17/2020 9:09 AM
7	Not much at all to help with burnout.	8/16/2020 10:49 PM
8	Wellness program	8/16/2020 7:17 PM
9	Institutional resources freely available	8/10/2020 10:29 AM
10	We have a very functional Resiliency Center for physicians (and residents) in need.	8/6/2020 10:28 PM
11	Not sure that organizations know how to deal with burnout....	8/3/2020 2:08 PM
12	new work environment more conducive to physician well being	8/3/2020 1:06 PM
13	Nominally yes, but not in practice	8/3/2020 9:37 AM
14	I am a solo practitioner.	8/3/2020 7:58 AM
15	Again, retrospectively, I never felt a lot of burnout. I was part of a committee at Kaiser that specifically addressed physician burnout.	8/2/2020 9:11 PM
16	there should be a mechanism to fight back to the ridiculous patient demands. Why can't doctors write bad reviews of patients online or to the health plan. Why is it that they file a complaint and we have to respond why can't I file a complaint against a patient and get rid of them? why do i have to worry about what the medical board says to a point of silence at the expense of my well being???d.	8/2/2020 6:31 PM
17	I have control over my practice, for the most part	8/2/2020 5:48 PM
18	I am a bit cynical of patients and also some family docs who give poor referrals.	8/2/2020 5:38 PM
19	We have a robust well being program.	8/2/2020 5:04 PM

Q11 What interventions have you done to reduce burnout?

Answered: 428 Skipped: 12

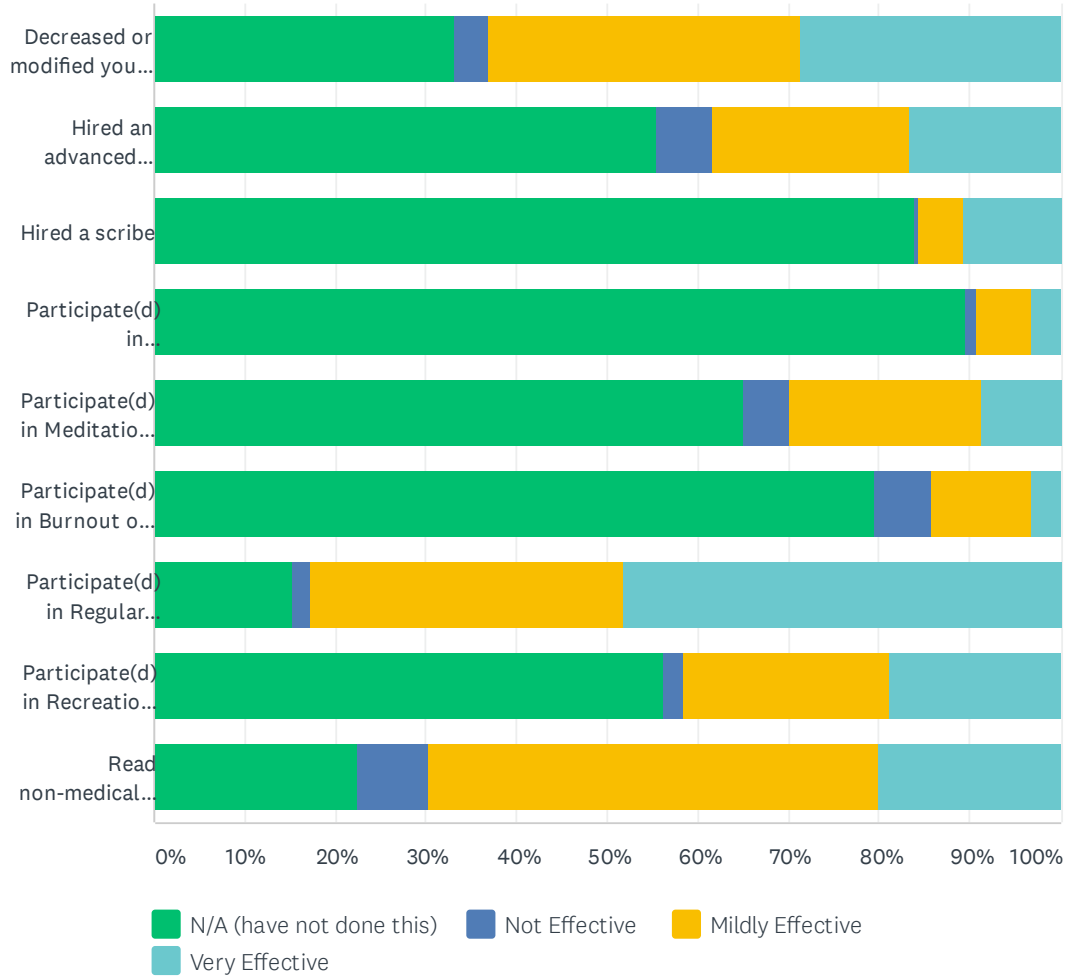


Western Section AUA 2020 Health Policy Survey

	CHECK BOX FOR YES	CHECK BOX IF THIS WAS A WORK-SPONSORED OR REIMBURSED INTERVENTION	TOTAL RESPONDENTS
Decreased or modified your work hours	95.10% 233	6.12% 15	245
Hired an advanced practice provider (NP/PA)	84.05% 137	31.29% 51	163
Hired a scribe	64.86% 48	48.65% 36	74
Participate(d) in Physician/employee counseling services	53.85% 28	53.85% 28	52
Participate(d) in Meditation/ mindfulness interventions	89.05% 122	18.98% 26	137
Participate(d) in Burnout or stress management seminar(s)	71.23% 52	43.84% 32	73
Participate(d) in Regular physical exercise (>= 3 days per week)	99.12% 337	1.47% 5	340
Participate(d) in Recreational 1-on-1 or small group gatherings with your colleagues (e.g., happy hour or dinner)	87.25% 130	16.78% 25	149
Read non-medical literature (fiction or non-fiction)	98.66% 295	1.34% 4	299

Q12 How effective were the following intervention(s) in reducing your burnout?

Answered: 436 Skipped: 4

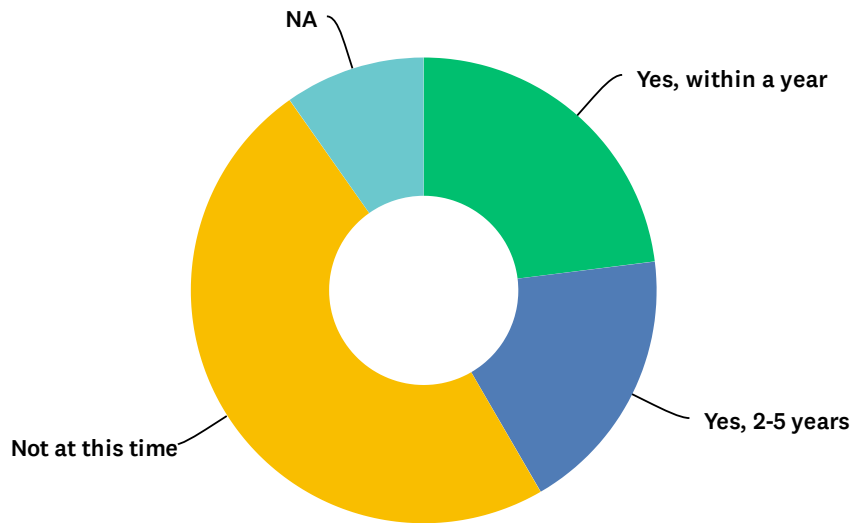


Western Section AUA 2020 Health Policy Survey

	N/A (HAVE NOT DONE THIS)	NOT EFFECTIVE	MILDLY EFFECTIVE	VERY EFFECTIVE	TOTAL
Decreased or modified your work hours	33.16% 129	3.86% 15	34.19% 133	28.79% 112	389
Hired an advanced practice provider (NP/PA)	55.36% 186	6.25% 21	21.73% 73	16.67% 56	336
Hired a scribe	83.92% 261	0.32% 1	5.14% 16	10.61% 33	311
Participate(d) in Physician/employee counseling services	89.54% 274	1.31% 4	5.88% 18	3.27% 10	306
Participate(d) in Meditation/ mindfulness interventions	64.99% 219	5.04% 17	21.36% 72	8.61% 29	337
Participate(d) in Burnout or stress management seminar(s)	79.43% 251	6.33% 20	11.08% 35	3.16% 10	316
Participate(d) in Regular physical exercise (>= 3 days per week)	15.19% 60	2.03% 8	34.68% 137	48.10% 190	395
Participate(d) in Recreational 1-on-1 or small group gatherings with your colleagues (e.g., happy hour or dinner)	56.17% 182	2.16% 7	22.84% 74	18.83% 61	324
Read non-medical literature (fiction or non-fiction)	22.42% 87	7.99% 31	49.48% 192	20.10% 78	388

Q13 Are you looking for a partner?

Answered: 430 Skipped: 10



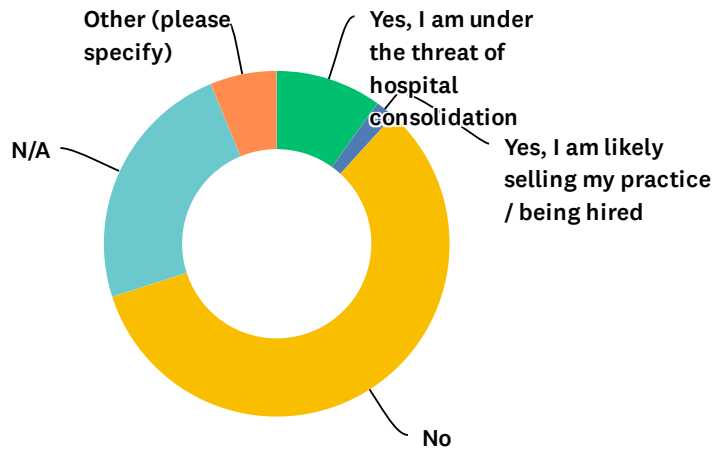
ANSWER CHOICES	RESPONSES	
Yes, within a year	23.02%	99
Yes, 2-5 years	18.60%	80
Not at this time	48.60%	209
NA	9.77%	42
TOTAL		430

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#	COMMENTS	DATE
1	I am employed. Management higher up decides.	8/26/2020 11:23 AM
2	xx	8/22/2020 12:57 PM
3	Have been passively looking for 10 yrs	8/21/2020 9:53 PM
4	The group will be to replace me when I retire	8/17/2020 9:49 PM
5	Have already got 2	8/17/2020 7:38 PM
6	just hired one last year and interviewed a second one.	8/17/2020 5:10 PM
7	Private practice, group of 12. Two senior partners just retired. Depending on practice growth, ? new hire	8/17/2020 3:53 PM
8	reduce workload; issue is hospital resource (socialized system)	8/17/2020 9:10 AM
9	Need another urologist	8/16/2020 7:54 PM
10	I am leaving, the group is replacing me	8/16/2020 6:51 PM
11	We have interviewed over 5 in last 5 months and gotten 0	8/16/2020 5:53 PM
12	We would like to sublet our office or sell the practice.	8/8/2020 7:58 PM
13	Yes have for 5 years none available	8/7/2020 10:24 PM
14	Have hired but he's currently delayed due to Covid19	8/5/2020 8:38 PM
15	I need to find someone to replace me in my group.	8/4/2020 8:16 PM
16	Adding partners is not my decision. Would certainly affect reimbursement negatively.	8/3/2020 2:09 PM
17	retiring	8/3/2020 1:50 PM
18	ASAP. Know anyone?	8/3/2020 1:04 PM
19	we just hired someone	8/3/2020 12:36 PM
20	Starts in September. I am optimistic this will greatly improve my work satisfaction.	8/3/2020 7:40 AM
21	I'm employed by USC	8/2/2020 9:05 PM
22	Our current geographical area can support up to six urologists, currently we have four with one retiring within the next year.	8/2/2020 6:34 PM
23	We are always looking for good physicians	8/2/2020 6:01 PM
24	Cant afford it	8/2/2020 5:54 PM
25	we have a lot of population growth, but also need to get more resources to support this partner --i.e. more operative time.	8/2/2020 5:41 PM

Q14 Has your practice been impacted by hospitals' hiring of urologists?

Answered: 434 Skipped: 6



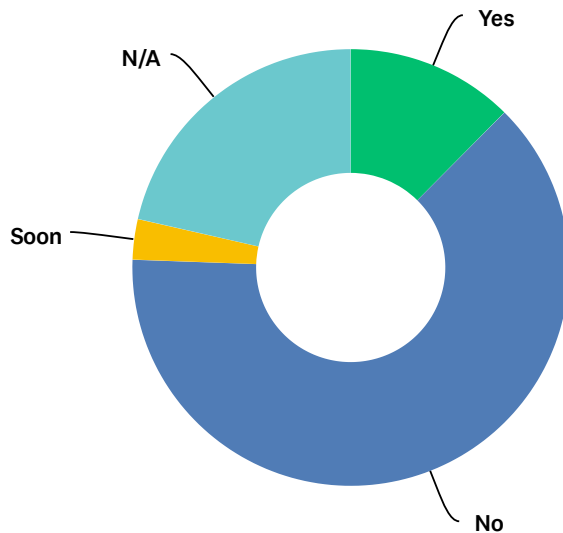
ANSWER CHOICES	RESPONSES	
Yes, I am under the threat of hospital consolidation	9.91%	43
Yes, I am likely selling my practice / being hired	1.84%	8
No	58.29%	253
N/A	23.73%	103
Other (please specify)	6.22%	27
TOTAL		434

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#	OTHER (PLEASE SPECIFY)	DATE
1	I elected to be a hospital-employee	8/24/2020 10:16 PM
2	xxx	8/22/2020 12:57 PM
3	Threatened but am winning this battle	8/21/2020 9:53 PM
4	diffiuct to hire becuase hospitals are offering such high salaries year one of employment hard to compete with that as a small private practice group	8/21/2020 3:46 PM
5	I WORK FOR A HOSPITAL	8/19/2020 11:54 AM
6	TOO LATE... ALREADY UNDER "FOUNDATION"	8/17/2020 5:47 PM
7	I am a hospital employed physician	8/17/2020 5:10 PM
8	My practice is hospital-based, but we're also just merging with another organization.	8/17/2020 4:13 PM
9	I retired when the hospital hired a full-time Urologist	8/17/2020 12:39 PM
10	I am in a hospital based practice	8/16/2020 10:18 PM
11	Retired	8/16/2020 8:25 PM
12	Kaiser	8/16/2020 7:20 PM
13	Currently Employed	8/16/2020 7:17 PM
14	our community is underserved, so have at it. please hire someone	8/16/2020 6:51 PM
15	The hospital is recruiting with us and against us	8/16/2020 5:53 PM
16	Not currently, but worried about the prospect of it occurring.	8/9/2020 2:55 PM
17	Less call, but usurping resources that support my practice.	8/3/2020 9:51 PM
18	I am employed by the hospital.	8/3/2020 2:24 PM
19	Weird question. Already hospital employed	8/3/2020 1:04 PM
20	I am a locum looking for a full-time position in the Canadian	8/2/2020 9:51 PM
21	Part of the KP system	8/2/2020 8:20 PM
22	Already been acquired	8/2/2020 7:45 PM
23	Not that I am aware of	8/2/2020 5:50 PM
24	Currently hospital owned	8/2/2020 5:32 PM
25	Can't compete with salaries hospitals are offering urologists	8/2/2020 5:13 PM
26	Already work for hospital	8/2/2020 5:01 PM
27	My local hospital is looking to hire and it puts me under threat but I am able to maintain	8/2/2020 4:55 PM

Q15 Have you merged or are you considering merging with another Urology practice?

Answered: 434 Skipped: 6

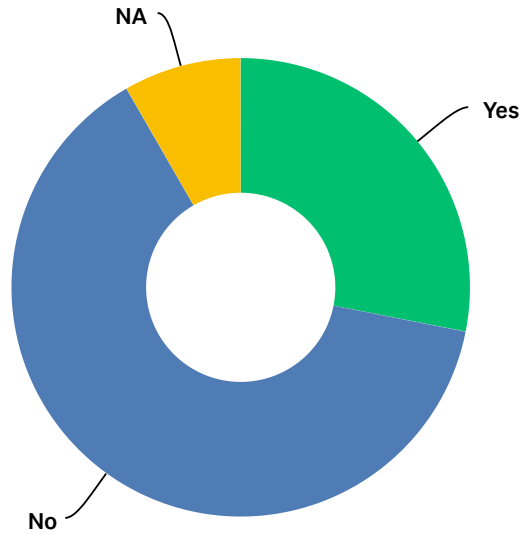


ANSWER CHOICES	RESPONSES	
Yes	12.44%	54
No	63.13%	274
Soon	3.00%	13
N/A	21.43%	93
TOTAL		434

#	COMMENTS	DATE
1	Would definitely consider in the future	8/24/2020 1:41 PM
2	xxx	8/22/2020 12:57 PM
3	My hospital is slowly being taken over by the state's medical school. Our medical staff is being absorbed into theirs.	8/17/2020 5:10 PM
4	Our whole hospital system is being acquired by another larger organization.	8/17/2020 4:13 PM
5	Retired	8/16/2020 8:25 PM
6	Kaiser	8/16/2020 7:20 PM
7	Hospital employees	8/3/2020 1:50 PM
8	We have joined a multi-specialty group	8/2/2020 9:46 PM
9	5 years ago	8/2/2020 7:54 PM
10	Just separated	8/2/2020 7:37 PM
11	Merger occurred 5-6 years ago	8/2/2020 5:50 PM
12	We are always looking at options	8/2/2020 5:43 PM

Q16 Do you (or the practice) plan to add any non-physician providers (Physician Assistants or Nurse Practitioners) in the next 12 months?

Answered: 434 Skipped: 6



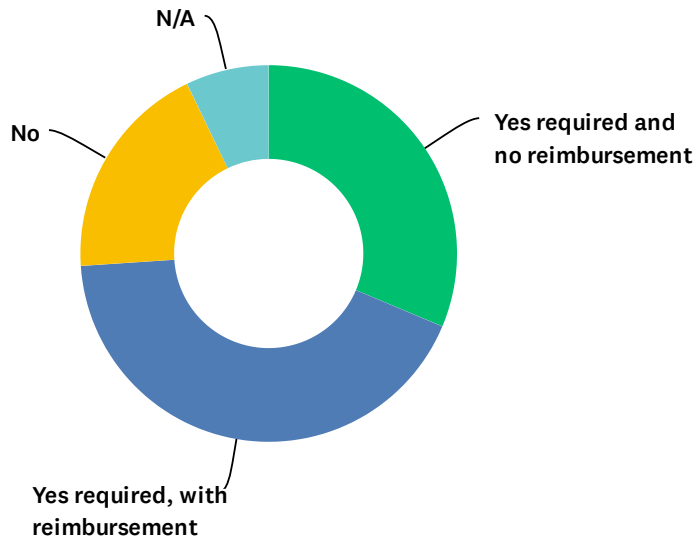
ANSWER CHOICES	RESPONSES	
Yes	28.11%	122
No	63.59%	276
NA	8.29%	36
TOTAL		434

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#	COMMENTS	DATE
1	xxx	8/22/2020 12:57 PM
2	I would love to hire another mid-level provider ASAP. My partners are too concerned about overhead and revenue and have elected not to proceed with hiring another mid-level at this time.	8/19/2020 6:06 PM
3	Don't train our replacements. Hospitals love them. Cheap and tons of revenue at physicians everywhere being replaced already.	8/19/2020 6:54 AM
4	We have just reduced from 5 to 3	8/17/2020 6:06 AM
5	Retired	8/16/2020 8:25 PM
6	PA and NP turn over quickly. They tend to lose money and leave when ask to do more.	8/4/2020 12:02 AM
7	pa's are expensive, unreliable, and take up valuable space. They are not worth it financially or from a liability perspective. We are 2/7 with them- I hope we only hire mds moving forward.	8/3/2020 3:10 PM
8	If we can find them	8/3/2020 1:04 PM
9	Decision made by employer despite my requests	8/3/2020 9:39 AM
10	I'm full time faculty at USC I do not make decisions	8/2/2020 9:05 PM
11	We just added two PA's and have an NP	8/2/2020 7:00 PM
12	as much as we praise the PA's and NP's help, they will drive us out.	8/2/2020 6:33 PM
13	We will hire an additional PA in the next year	8/2/2020 6:01 PM
14	Possibly	8/2/2020 5:50 PM
15	We are always looking for new people	8/2/2020 5:43 PM
16	Practice in Canada, not financially viable	8/2/2020 5:26 PM
17	County hospital admin has not acted on our request	8/2/2020 5:17 PM

Q17 Are you being required to provide ER coverage at your hospital? Are you being reimbursed?

Answered: 434 Skipped: 6



ANSWER CHOICES	RESPONSES	
Yes required and no reimbursement	31.34%	136
Yes required, with reimbursement	42.63%	185
No	18.89%	82
N/A	7.14%	31
TOTAL		434

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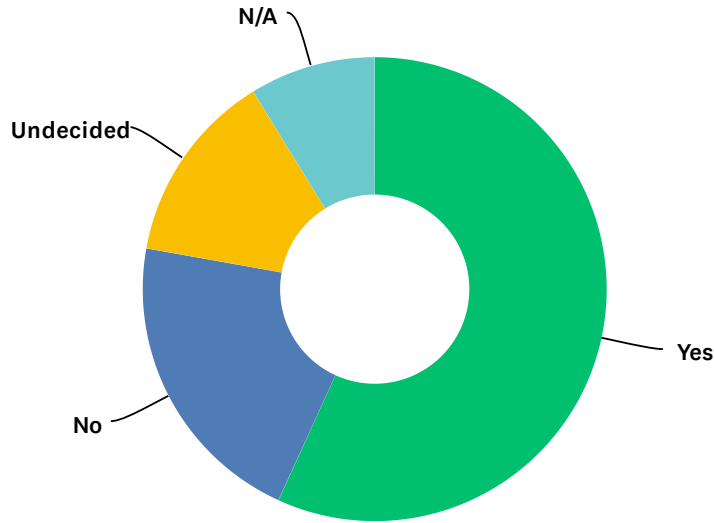
#	COMMENTS	DATE
1	bill if called in, but no payment for availability	8/24/2020 10:16 PM
2	xxx	8/22/2020 12:57 PM
3	no er	8/19/2020 11:54 AM
4	University is considering reimbursing us.	8/17/2020 7:48 PM
5	STOPPED ER CALL MID MARCH B/O COVID, AND BURN OUT... WILL NEVER GO BACK!	8/17/2020 5:47 PM
6	The younger physicians in our group are involved. I am over 70 and have no such obligation	8/17/2020 3:53 PM
7	minimal	8/17/2020 3:01 PM
8	I provide ER coverage and am reimbursed	8/16/2020 10:22 PM
9	Reimbursement for ER coverage is not adequate.	8/16/2020 8:29 PM
10	Retired	8/16/2020 8:25 PM
11	One pays, the other doesn't	8/16/2020 8:15 PM
12	No extra pay for coverage unless having to come to hospital	8/16/2020 7:57 PM
13	not enough for the stress/demand \$520 to cover a referral hospital that gets calls from 11 community/rural facilities	8/16/2020 6:51 PM
14	Old enough don't need to.	8/16/2020 6:13 PM
15	Junior partners cover and are not paid	8/16/2020 5:13 PM
16	Academic practice	8/10/2020 8:08 AM
17	Not required, but do it. Reimbursed, but I think to a substandard amount.	8/9/2020 2:55 PM
18	Crappy reimbursement	8/5/2020 7:57 PM
19	We just won a very long standing fight to get reimbursed. Most all other specialties have been paid for many years and they would not pay urologists.	8/4/2020 8:16 PM
20	NOT Required but do take call to help bring patients to the practice for my younger doctors.	8/4/2020 12:02 AM
21	Academic practice	8/3/2020 8:32 PM
22	required with poor reimbursement	8/3/2020 5:50 PM
23	we do it under contract for financial reimbursement	8/3/2020 2:41 PM
24	I am off ER call	8/3/2020 1:50 PM
25	not always reimbursed	8/3/2020 1:41 PM
26	can provide with reimbursement or not (except for billing for services) depending on how contract with hospital is determined	8/3/2020 1:08 PM
27	As a gift, my practice group wrote me out of the call schedule when I turned 66. It changed my life.	8/3/2020 11:45 AM
28	I have a contract with Dignity Health to run/provide Urology Hospitalist service for 3 hospitals in the Greater Sacramento Area. I have PAs and physicians whom I pay a stipend to cover all ER, inpatient consult and intraoperative consultation services.	8/3/2020 11:31 AM
29	Partial reimbursement after a minimum number of nonreimbursed mandatory call	8/3/2020 9:39 AM
30	But I do do not get payed	8/2/2020 9:05 PM
31	Voluntary and reimbursed	8/2/2020 8:02 PM
32	Provide coverage for Fee	8/2/2020 7:37 PM
33	I am an employed physician under contract, that doesn't require any call	8/2/2020 5:52 PM
34	In academics	8/2/2020 5:52 PM

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35	Not required by hospital but by the group. Mostly voluntary calls	8/2/2020 5:51 PM
36	Reimbursement is part of our global salary	8/2/2020 5:17 PM
37	very low reimbursement ... 5th percentile.	8/2/2020 5:12 PM
38	It is reimbursed but voluntary	8/2/2020 4:55 PM

Q18 Do you now use or are you thinking of using genetic tests for prostate cancer screening or treatment?

Answered: 433 Skipped: 7



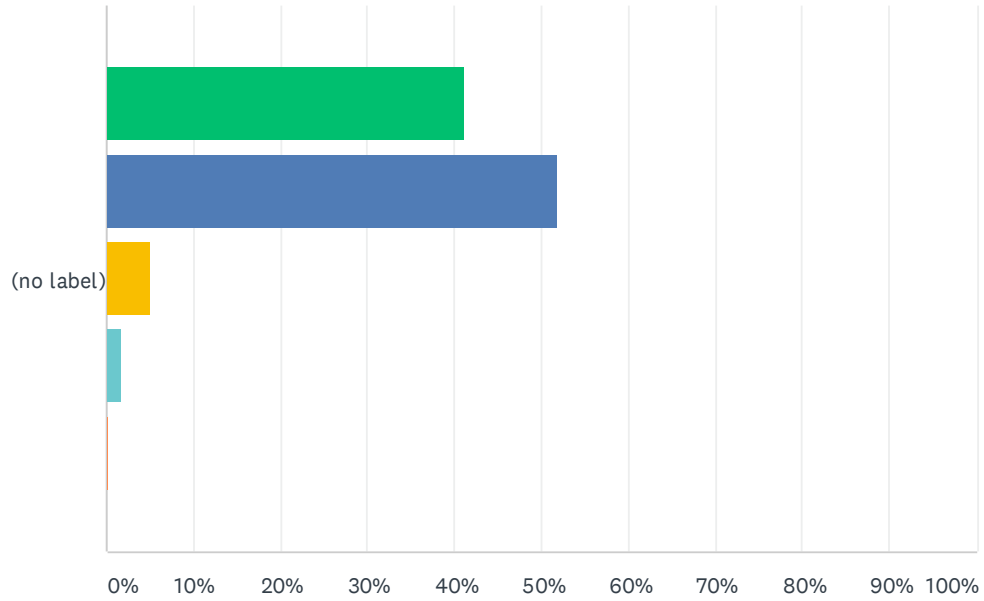
ANSWER CHOICES	RESPONSES	
Yes	56.81%	246
No	21.02%	91
Undecided	13.39%	58
N/A	8.78%	38
TOTAL		433

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#	COMMENTS	DATE
1	Getting insurance coverage for these tests are a problem	8/23/2020 1:21 PM
2	xxx	8/22/2020 12:57 PM
3	Occasionally use them	8/17/2020 9:49 PM
4	It is a confusing time consuming chore for our staff	8/17/2020 7:38 PM
5	great idea. need insurance companies to be on board.	8/17/2020 5:10 PM
6	Limited use	8/17/2020 3:53 PM
7	i use these on occasion but not very often	8/17/2020 3:01 PM
8	Limited basis in special situations	8/17/2020 12:00 PM
9	No in my scope of practice	8/16/2020 9:21 PM
10	Only because the VA won't pay for it	8/16/2020 8:04 PM
11	Am likely going to hand it over to oncology because I just dont have time for it	8/16/2020 7:22 PM
12	PromptPGS, ConfirmDX	8/10/2020 10:31 AM
13	BRC1 and 2 seem promising.	8/3/2020 11:45 AM
14	I do pediatric urology	8/3/2020 8:42 AM
15	As an Endourologist I do not see this diagnosis.	8/3/2020 7:40 AM
16	There is definitely a place for both BRCA1,2 and other genetic tests (and mpMRI) in CaP screening algorithms.	8/2/2020 9:13 PM
17	We follow NCCN guidelines; the problem is knowing what to do with the information we are recommended to test for.	8/2/2020 6:01 PM
18	I don't see prostate cancer	8/2/2020 5:52 PM
19	I don't see adults with prostate issues	8/2/2020 5:51 PM
20	Peds exclusively	8/2/2020 5:47 PM
21	Thinking of, but don't know exactly which one and who will pay for it	8/2/2020 5:43 PM
22	Very limited because of our payor mix	8/2/2020 5:17 PM

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?

Answered: 434 Skipped: 6



■ Not at all
 ■ Yes but rare
 ■ Regularly
 ■ Many times
 ■ Extreme

	NOT AT ALL	YES BUT RARE	REGULARLY	MANY TIMES	EXTREME	TOTAL	WEIGHTED AVERAGE
(no label)	41.24%	51.84%	5.07%	1.61%	0.23%	434	1.68
	179	225	22	7	1		

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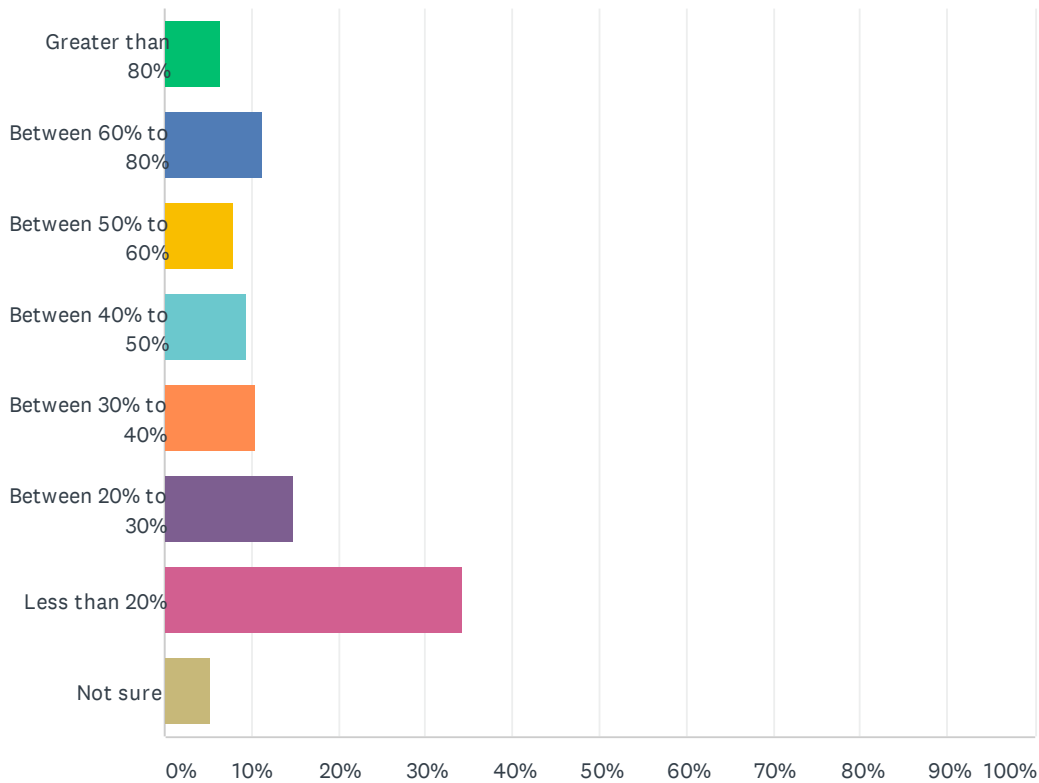
#	COMMENTS	DATE
1	Covid-19	8/26/2020 11:23 AM
2	every few years.	8/24/2020 10:16 PM
3	xxx	8/22/2020 12:57 PM
4	COVID-19 situation, obviously. We had one of our 25 employees become symptomatic and test positive. Fearful for everyone.	8/19/2020 6:06 PM
5	just felt the need to have another nurse or pa in the room a few times with patients.	8/19/2020 11:54 AM
6	Small rural hospital. Generally safe town.	8/17/2020 5:10 PM
7	Covid	8/17/2020 2:12 PM
8	COVID-19	8/17/2020 12:00 PM
9	Due to covid	8/17/2020 10:28 AM
10	patient threatened to kill me, my family and staff; arrested, charged and pleaded guilty. also threaten to kill the other physicians involved in his father's care	8/17/2020 9:10 AM
11	now with COVID, there is more of a fear. Daily when going into work.	8/17/2020 9:09 AM
12	Covid	8/16/2020 9:32 PM
13	Retired	8/16/2020 8:25 PM
14	Safety measures have been implemented prior to this period that have helped	8/16/2020 7:57 PM
15	Due to COVID	8/16/2020 7:22 PM
16	Some crazy pts, and our institution always sides with the Pt and NEVER with the MD in complaint situations	8/16/2020 7:19 PM
17	because of Covid 19	8/16/2020 6:51 PM
18	The exception is Covid recently which is of concern	8/16/2020 6:27 PM
19	Two residents in my program (UCI) have been killed at work by disgruntled patients. I would be comatose to not think about that sometimes.	8/16/2020 5:53 PM
20	Heard about the NJ practice shooting that killed a office urology worker and injured a patient.	8/10/2020 10:31 AM
21	We had one patient who stalked us for a while.	8/8/2020 7:58 PM
22	After reading a few urologists and their staff have been harmed by their patient....the thoughts definitely cross my mind	8/4/2020 12:02 AM
23	I have had a stalker.	8/3/2020 9:51 PM
24	Coronavirus has been a challenge.	8/3/2020 8:32 PM
25	COVID-19 exposure	8/3/2020 1:50 PM
26	depends on if concern about COVID increases risk to then, higher risk. Occasionally have disgruntled families	8/3/2020 1:08 PM
27	Particularly bad at the beginning of the pandemic when patients were not masking	8/3/2020 1:04 PM
28	we take any threat seriously and alert the entire staff of our concerns	8/3/2020 12:36 PM
29	Yes, with respect to covid	8/3/2020 4:49 AM
30	This answer has changed in the last 4 months. There is anxiety regarding COVID, but we feel we are managing as well as we can.	8/2/2020 9:46 PM
31	Covid 19 is the major reason	8/2/2020 9:02 PM
32	We have increased office security	8/2/2020 7:37 PM
33	Increasing incidence of Covid-19 infections locally	8/2/2020 6:42 PM

Western Section AUA 2020 Health Policy Survey

34	We had a physician shot and killed in our office in 2013; we are vigilant	8/2/2020 6:01 PM
35	Doctors have been shot in our community in the past	8/2/2020 5:51 PM
36	Not that I am aware of.	8/2/2020 5:50 PM
37	Very rare occasions	8/2/2020 5:43 PM
38	only now because of COVID.	8/2/2020 5:41 PM
39	Patients have physically threatened staff on two occasions.	8/2/2020 5:41 PM
40	At least once every few months a patient would arrive with a gun, though they did have conceal carry permits. Hospital administration disregarded requests to address this problem.	8/2/2020 5:16 PM
41	But we have firearms just in case.	8/2/2020 5:04 PM
42	Coronavirus	8/2/2020 4:54 PM

Q20 What percent of your patient volume has your practice been able to sustain using telemedicine?

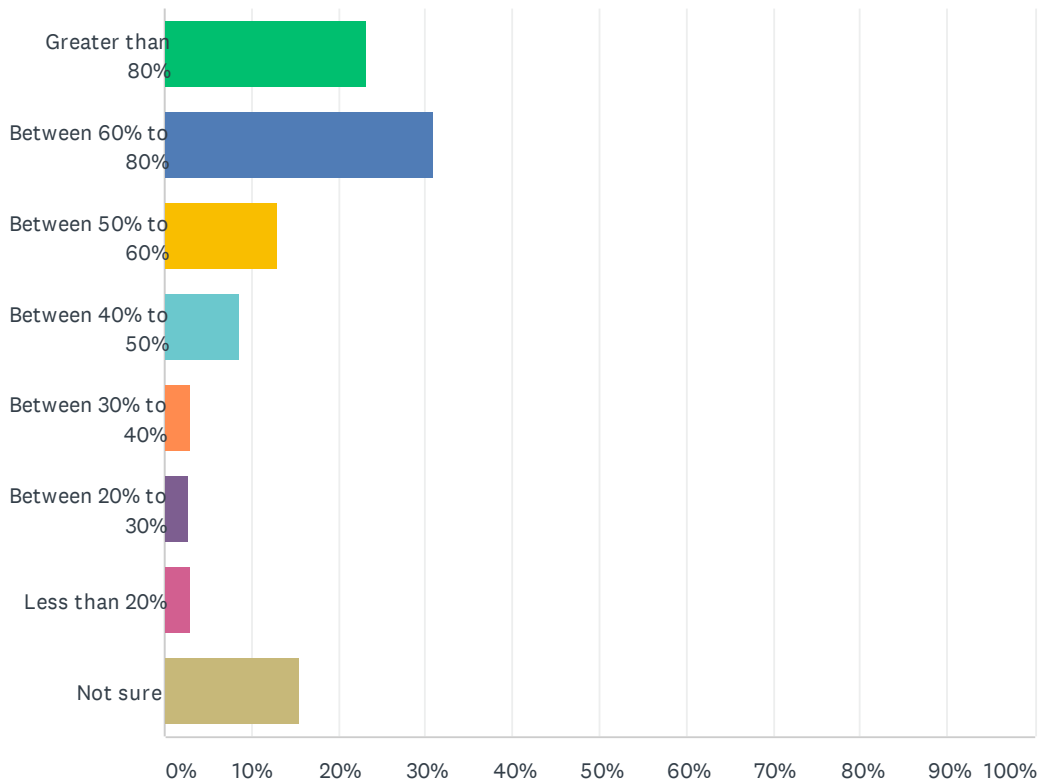
Answered: 432 Skipped: 8



ANSWER CHOICES	RESPONSES	
Greater than 80%	6.48%	28
Between 60% to 80%	11.34%	49
Between 50% to 60%	7.87%	34
Between 40% to 50%	9.49%	41
Between 30% to 40%	10.42%	45
Between 20% to 30%	14.81%	64
Less than 20%	34.26%	148
Not sure	5.32%	23
TOTAL		432

Q21 What percent of your practice revenue have you been able to maintain during the covid-19 pandemic?

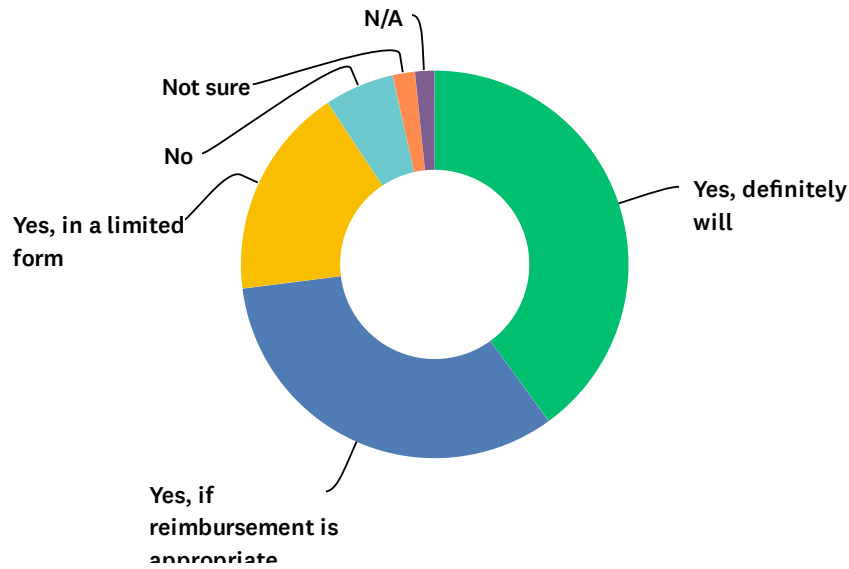
Answered: 432 Skipped: 8



ANSWER CHOICES	RESPONSES	
Greater than 80%	23.15%	100
Between 60% to 80%	31.02%	134
Between 50% to 60%	12.96%	56
Between 40% to 50%	8.56%	37
Between 30% to 40%	3.01%	13
Between 20% to 30%	2.78%	12
Less than 20%	3.01%	13
Not sure	15.51%	67
TOTAL		432

Q22 Do you anticipate that you will continue to use Telehealth after the emergency abates?

Answered: 430 Skipped: 10



ANSWER CHOICES	RESPONSES	
Yes, definitely will	40.00%	172
Yes, if reimbursement is appropriate	33.02%	142
Yes, in a limited form	17.67%	76
No	5.81%	25
Not sure	1.86%	8
N/A	1.63%	7
TOTAL		430

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#	COMMENTS	DATE
1	as employee, in-person vs face-to-face we are paid the same	8/24/2020 10:18 PM
2	xxx	8/22/2020 12:58 PM
3	I am old school and dislike dealing with pts by phone. I like to see them. HOWEVER, my partner and our PA embrace telehealth.	8/17/2020 5:14 PM
4	I personally don't like it and find it minimally useful in dealing with most urological problems	8/17/2020 3:58 PM
5	My new role is to promote telemedicine and health innovation in all aspects of our clinics and hospital. Because the pandemic has changed everything literally overnight, it's been crazy. Most doctors are using it throughout their practices and will continue. We have to protect the new changes with reimbursement, otherwise telemed will be difficult to move forward as efficiently as we would like.	8/17/2020 12:46 PM
6	I am no longer in practice- am in industry now	8/17/2020 6:25 AM
7	my practice s tele-urology	8/16/2020 9:12 PM
8	Retired	8/16/2020 8:26 PM
9	Maiser	8/16/2020 7:21 PM
10	It is sub- standard care, but better than no care for a minority of pts	8/16/2020 7:20 PM
11	doxy.me has been easy	8/16/2020 6:43 PM
12	If government supports fee parity for telehealth and in-person appointments	8/16/2020 6:11 PM
13	Patients prefer to come to the office	8/16/2020 5:54 PM
14	Telehealth in urology is here to stay--- patients want this for sure. What is interesting to see if telemedicine will translate to remote devices and how this will be paid for	8/10/2020 10:36 AM
15	we were already using telemedicine significantly prior to COVID but it has increased (maybe from 20% to 40% of visits)	8/8/2020 8:00 PM
16	Love telehealth option for patients	8/7/2020 3:04 PM
17	I think telemedicine is an inferior form of healthcare delivery I have either seen my patients or made phone calls (for results etc) and not billed insurance for these	8/4/2020 6:04 AM
18	Absolutely no support from administration	8/3/2020 1:05 PM
19	I use it to help with clinic access and urgent care appointments and pre discussion before a cystoscopy	8/3/2020 12:38 PM
20	My practice (mostly nephrolithiasis) is ideally suited to telemedicine.	8/3/2020 7:40 AM
21	Since I retired all I do is telemedicine. I volunteer for the MAVEN project https://www.mavenproject.org - check it out, it works great!	8/2/2020 9:14 PM
22	patients do not value telemedicine as much as an office visit. they do not want to pay the copay. they are not available at the telemedicine appt time. we have to mail /send scripts and orders. they cannot retain instructions over the phone.	8/2/2020 6:35 PM
23	I did telemedicine for 12 years prior to retirement.	8/2/2020 6:33 PM
24	I practice in Nevada; patients drive long distances for appointments. Telemedicine is ideal in this setting - we have embraced telemedicine and hope to continue it in the future, as long as reimbursement support it.	8/2/2020 6:03 PM
25	they only allowed us to use telemedicine in BC/Canada when the pandemic hit. I worry about it being abused--many docs have said their income is still the same. There is no regulation--you could call any patient up you haven't seen in 6 months and then claim a consult. I worry this will be abused.	8/2/2020 5:42 PM
26	Telehealth limitation is entirely reimbursement. It poses problem for management of cases.	8/2/2020 5:17 PM
27	as long as reimbursement is on par with in person visits, we will continue to offer this.	8/2/2020 5:05 PM

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

Answered: 87 Skipped: 353

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#	RESPONSES	DATE
1	Increase in hospital workload - required extra work Poor access to the OR or block time Lack of PPE for providers, or hospital support	9/1/2020 4:21 PM
2	In California, the list is endless with more to come, thus retirement	9/1/2020 12:34 PM
3	Impact of 2021 CPT update and impact on the practice	9/1/2020 12:17 PM
4	NA	8/29/2020 9:48 PM
5	Reimbursement is horrible for the amount of time and care a urologist spends. Medicare pays a small amount for treating prostate ca via robotic or lapro surgery. While other specialties that don't even spend 3 to 4 hrs in the OR for one surgery get reimbursed a high amount for lets say a in office procedure. It's very frustrating!	8/25/2020 9:47 AM
6	on-going payment for remote care should continue---if not abused	8/24/2020 10:18 PM
7	trying to maintain telehealth reimbursement post cover	8/24/2020 8:54 PM
8	Decreased reimbursement in the upcoming 2021 PFS	8/23/2020 11:11 AM
9	None	8/22/2020 11:51 PM
10	xxx	8/22/2020 12:58 PM
11	-	8/22/2020 10:39 AM
12	Compensation for time spent on Covid planning. Reimbursement for PPE	8/20/2020 7:39 PM
13	California trying to pass independent practice for NPs. Scary. All medical groups need a strong statement against this.	8/19/2020 6:56 AM
14	None	8/18/2020 11:06 PM
15	cross-state medical licenses to conduct Telehealth visits.	8/18/2020 7:34 AM
16	Shut down of hospitals for elective procedures	8/17/2020 9:51 PM
17	Remove the hassles " I'm usually Right in billing for my services NOT wrong"	8/17/2020 7:42 PM
18	Insurers should pay for care upfront and not after it is delivered	8/17/2020 6:31 PM
19	ONGOING REDUCED RVU VALUE FOR UROLOGY	8/17/2020 5:48 PM
20	In our rural area, the poor seem to get sicker and require more than the wealthy or middle class. A better form of Medicaid would be helpful, i.e. one that paid for more services and paid better.	8/17/2020 5:14 PM
21	The difficulty in caring for and billing patients who are being seen by a Medicare covered outside, non urological provider. Crazy!	8/17/2020 3:58 PM
22	CA legislature has considered single-payer system in the state - this would severely negatively impact my practice	8/17/2020 2:28 PM
23	Full parity for telemed visits, Medicaid expansion, Budget cuts to programs for underinsured, non insured, Lack of specialists in our state.	8/17/2020 12:46 PM
24	kids with mandatory home schooling will have impact on everyone	8/17/2020 10:59 AM
25	patient and staff protection in the office	8/17/2020 10:16 AM
26	Concern re: known/expected decrease in telehealth reimbursements (eg recent Medicare announcement).	8/17/2020 10:02 AM
27	none	8/17/2020 7:27 AM
28	n/a	8/17/2020 7:25 AM
29	Hospital HMO insurance trying to capitate specialists. The hospital is forming it's own multispecialty group.	8/17/2020 6:43 AM
30	N/A	8/17/2020 6:25 AM

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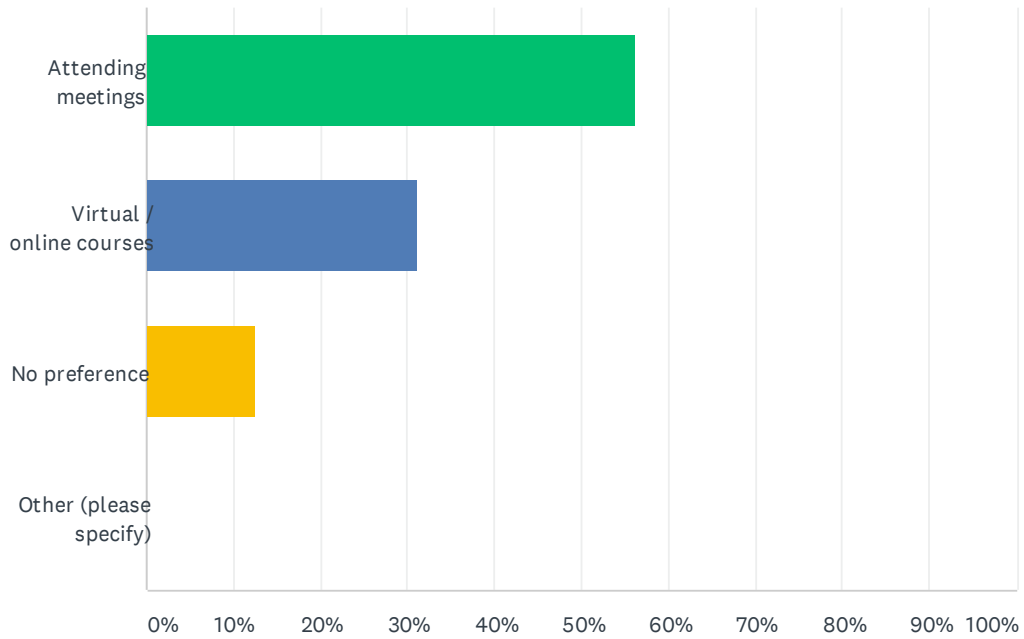
31	Insurance company denials for prior approved services, complicated preapproval processes	8/17/2020 6:07 AM
32	NA	8/16/2020 10:50 PM
33	none	8/16/2020 10:35 PM
34	None	8/16/2020 10:23 PM
35	N/a	8/16/2020 9:45 PM
36	I worry about my state (Utah) dropping a bill that would ban genital surgery in all children until the age of consent (18). This would have a SEVERE impact on my practice.	8/16/2020 9:22 PM
37	I work at a VA	8/16/2020 9:12 PM
38	need more universal coverage. too many uninsured patients	8/16/2020 6:52 PM
39	None yet	8/16/2020 6:50 PM
40	NA	8/16/2020 6:50 PM
41	Gross receipts tax that we have to pay based on or services provided. Our vendors pass it on to us but we cannot pass it on to patients- a double taxation. Oregon legislation sucks.	8/16/2020 6:47 PM
42	payment parity for telehealth, United healthcare routinely requests records on j code patients, delaying payment	8/16/2020 6:43 PM
43	Very worried about reimbursement being cut.	8/16/2020 6:30 PM
44	NA	8/16/2020 6:28 PM
45	None	8/16/2020 6:16 PM
46	N/a	8/16/2020 6:01 PM
47	Patient surveys as a measurement of "quality" based payments.	8/16/2020 5:41 PM
48	I don't take insurance	8/16/2020 5:36 PM
49	We are out oof network and are being excluded for reimbursemenr	8/16/2020 5:15 PM
50	not having a license in other states to provide telemed services. Individuals not having video capability and concern over getting paid at higher rates.	8/16/2020 5:12 PM
51	Telemedicine and phone visits- need to have this reimbursed! Video visits waste of most urology visits— phone much more efficient and a lot of patients don't have access to internet —	8/10/2020 10:36 AM
52	My organization has stopped paying for e-visits (electronic patient initiated communication) for unclear reasons	8/7/2020 3:04 PM
53	Poor re-imbusement	8/7/2020 12:43 AM
54	The requirement for full state licensure for telehealth visits with patients living in adjacent states.	8/6/2020 10:30 PM
55	None	8/5/2020 9:42 PM
56	Out of state telehealth	8/5/2020 4:41 PM
57	Balance billing	8/4/2020 9:03 PM
58	PSA screening	8/3/2020 9:38 PM
59	Telemedicine/telephone visit reimbursement. Loss of jobs resulting in loss of health insurance for a large number of people.	8/3/2020 8:34 PM
60	Government insurance reimburses too little. Physicians are being considered more as exchangeable employees and the focus is on institutions rather that quality providers.	8/3/2020 2:11 PM
61	Endless prior authorization, ridiculous price of some meds (vaginal estrogen for one)	8/3/2020 1:05 PM
62	none	8/3/2020 12:38 PM

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63	They've financially responded to the need for virtual care for some patients and health care issues.	8/3/2020 11:47 AM
64	Attempted restriction of intersex/penile procedures in boys	8/3/2020 10:47 AM
65	Over-reaching by insurance providers in determining approved labs and radiographic studies; unreimbursed time seeking prior authorizations and peer-to-peer discussions to approve labs/radiographic studies.	8/3/2020 8:01 AM
66	n/a	8/3/2020 6:01 AM
67	NA	8/2/2020 11:29 PM
68	Some ppo carriers are mandating us to join Obamacare and their payment rate with Obamacare is usually 70% of Medicare rates	8/2/2020 11:28 PM
69	USC makes the decision	8/2/2020 9:06 PM
70	Er call without pay, decreasing reimbursements, burnout and workplace violence	8/2/2020 9:04 PM
71	medicade expansion and all the uncertainty swirling around it	8/2/2020 9:04 PM
72	bundling	8/2/2020 8:21 PM
73	None	8/2/2020 7:51 PM
74	None	8/2/2020 7:47 PM
75	None	8/2/2020 7:18 PM
76	Evolving requirements imposed by hospital pertaining to surgery, radiology services, and lab services.	8/2/2020 6:45 PM
77	Hawaii state GET tax on physicians	8/2/2020 6:44 PM
78	Find that many patients can't or won't use video for their visits. Telephone visits need to be reimbursed the same as video visits so that we, the urologists, aren't penalized by the patients choosing not to use video or being unable to use video.	8/2/2020 6:36 PM
79	high copays and deductibles make collection of the more difficult.	8/2/2020 6:35 PM
80	Growing percent of our population relying on Medicaid has negatively impacted our practice	8/2/2020 6:03 PM
81	Liability concerns as it relates to our inability to get patients back into the clinic or hospital in a timely fashion since the coronavirus shut down	8/2/2020 5:53 PM
82	The insurance companies are finding ways to deny or reduce payments. I see the trend as I review my claims closely.	8/2/2020 5:53 PM
83	State of California SB-977 Health Care Consolidation	8/2/2020 5:22 PM
84	Scope of practice issues with NPs in CA Interstate License Compact	8/2/2020 5:17 PM
85	n/a	8/2/2020 5:06 PM
86	We have such high hmo and low reimbursements	8/2/2020 5:05 PM
87	Transparency of billing	8/2/2020 4:56 PM

Q24 For your CME needs, which do you generally prefer?

Answered: 428 Skipped: 12

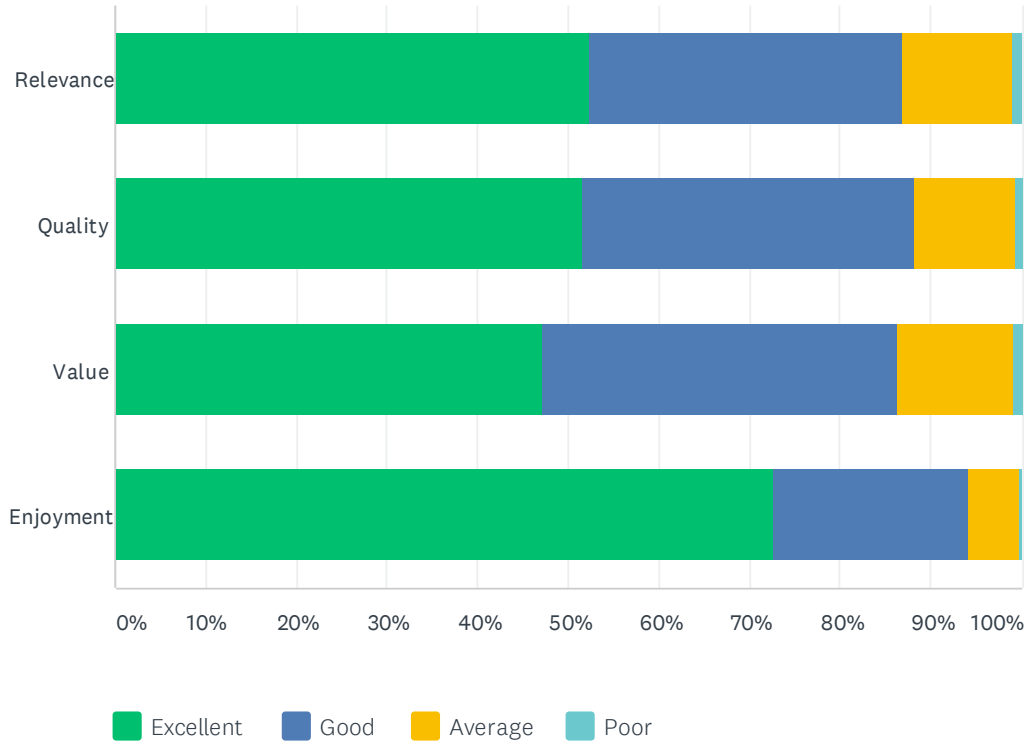


ANSWER CHOICES	RESPONSES	
Attending meetings	56.31%	241
Virtual / online courses	31.07%	133
No preference	12.62%	54
Other (please specify)	0.00%	0
TOTAL		428

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

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

Answered: 366 Skipped: 74



	EXCELLENT	GOOD	AVERAGE	POOR	TOTAL	WEIGHTED AVERAGE
Relevance	52.33% 191	34.52% 126	12.05% 44	1.10% 4	365	1.62
Quality	51.64% 189	36.61% 134	11.20% 41	0.55% 2	366	1.61
Value	47.27% 173	39.07% 143	12.84% 47	0.82% 3	366	1.67
Enjoyment	72.60% 265	21.64% 79	5.48% 20	0.27% 1	365	1.33

Western Section AUA 2020 Health Policy Survey

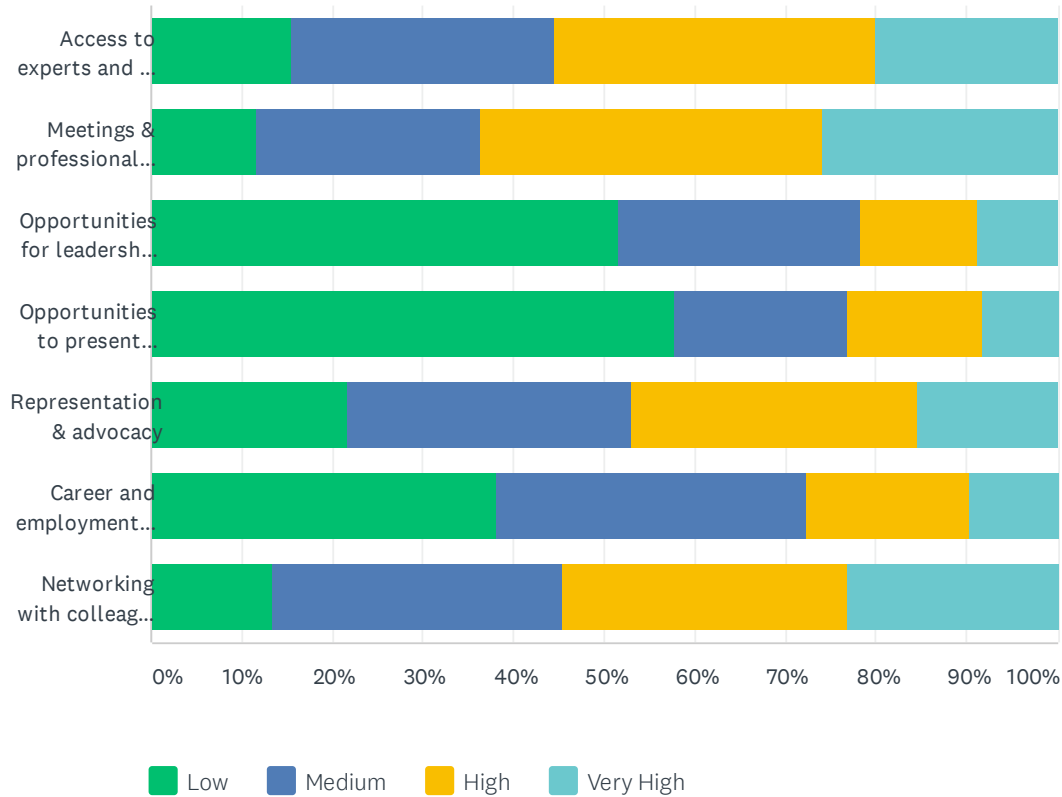
#	COMMENTS, SUGGESTIONS?	DATE
1	Love the WSAUA meetings and love to attend in person.	9/1/2020 10:57 AM
2	NA	8/29/2020 9:50 PM
3	I've migrated from talks/posters to courses over the years. More relevant	8/24/2020 10:23 PM
4	Attended Monterey conference	8/24/2020 1:44 PM
5	The Hawaii conventions can't be beat	8/23/2020 1:27 PM
6	Much improved , compared to the old days .. More informative than the AUA at this point	8/23/2020 10:55 AM
7	xx	8/22/2020 1:00 PM
8	Have never attended the Western Section....usually just AUA, Endourology, Mayo and uro-Astro	8/21/2020 9:58 PM
9	very expensive meeting to attend especially with it always being in hawaii	8/19/2020 11:56 AM
10	I just go to Hawaii	8/17/2020 9:53 PM
11	Thanks for good Agenda/ pleasure.	8/17/2020 7:46 PM
12	I don't go to academic meetings. I usually choose review courses like the Mayo Meeting in Hawaii every other year or the meeting in Jackson Hole.	8/17/2020 7:43 PM
13	keep going to Hawaii (after Covid ends)	8/17/2020 5:18 PM
14	N/A	8/17/2020 5:09 PM
15	WSAUA is the best AUA section meeting. Most informative and entertaining	8/17/2020 6:27 AM
16	Hope we can have them again soon!	8/17/2020 1:07 AM
17	Disappointed that the meeting is virtual	8/16/2020 9:36 PM
18	not attended	8/16/2020 9:13 PM
19	Expensive entry fee	8/16/2020 8:36 PM
20	Unfortunately, the meetings always take place when my kids are in school and I prefer not to leave my spouse short handed to attend the meeting.	8/16/2020 8:34 PM
21	too many presentations that weren't applicable to my practice	8/16/2020 8:19 PM
22	I have not attended any western section meeting in the last 10 years	8/16/2020 8:00 PM
23	Meetings seem too geared for residents and not enough to practicing urologists	8/16/2020 7:27 PM
24	sorry we cancelled Maui	8/16/2020 6:53 PM
25	I love the WSAUA in Hawaii but won't attend again until travel is safer.	8/16/2020 6:50 PM
26	sad about this year	8/16/2020 6:45 PM
27	Never been.	8/16/2020 6:31 PM
28	Favorite meeting (from over 10 annual meetings per year)	8/16/2020 6:28 PM
29	I'd love a bit more focus on bread and butter community urology. The basic science and cutting edge is "neato" but I like it when I have pearls to bring back to my practice.	8/16/2020 6:17 PM
30	Never been to western section Aua meeting	8/16/2020 6:15 PM
31	reducing fee will help	8/16/2020 5:58 PM
32	Cabo!	8/10/2020 10:38 AM
33	fantastic Meeting -very consistent- better than most meetings	8/4/2020 2:21 PM
34	monterey hotel venue was sub-par to say the least.	8/4/2020 10:53 AM
35	please include more peds on the program, including more peds speakers and peds topics	8/3/2020 10:24 PM

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36	Last year's meeting appeared to provide much more robust academic content, but I could not attend. This year I will likely attend. I had stopped attending about 5 years ago because it was so expensive, and the content was disappointing.	8/3/2020 9:57 PM
37	More pediatric topics would be helpful	8/3/2020 2:13 PM
38	WSAUA best section of AUA-- some of the meetings are more relevant and enjoyable than the National meeting	8/3/2020 1:10 PM
39	never attend. The last time I did >10 years ago it was so poor, that I swore I would never go back	8/3/2020 1:07 PM
40	Minimal pediatric urology sessions, hence I generally do not attend.	8/3/2020 10:53 AM
41	More ped uro involvement	8/3/2020 6:13 AM
42	Have not attended	8/2/2020 10:25 PM
43	Probably best annual meeting for networking, scientific merit, and fun	8/2/2020 9:54 PM
44	Would try to get some non-regional speakers for the heavier topics	8/2/2020 8:24 PM
45	The organizers do an excellent job!	8/2/2020 7:03 PM
46	N/a	8/2/2020 6:37 PM
47	Expensive with minimal didactics	8/2/2020 6:30 PM
48	Have not attended. If going to a large meeting, I would go to the AUA national meeting	8/2/2020 6:05 PM
49	Can't beat Hawaii	8/2/2020 5:44 PM
50	it still seems very social to me. Going to Hawaii is good for the family, but not for my kids who are in high school in October. So this makes it harder to attend as the cost is high. Also, the meeting is too long.	8/2/2020 5:44 PM
51	with the advent of on line cme, I would rather take the time off and have a vacation instead of a meeting.	8/2/2020 5:11 PM
52	Don't always go to the same places	8/2/2020 5:11 PM
53	WSAUA does a great job of providing efficient, informative CME and allow some time with friends and family in great locations	8/2/2020 5:06 PM
54	Lower \$ for us old guys	8/2/2020 5:04 PM

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

Answered: 428 Skipped: 12



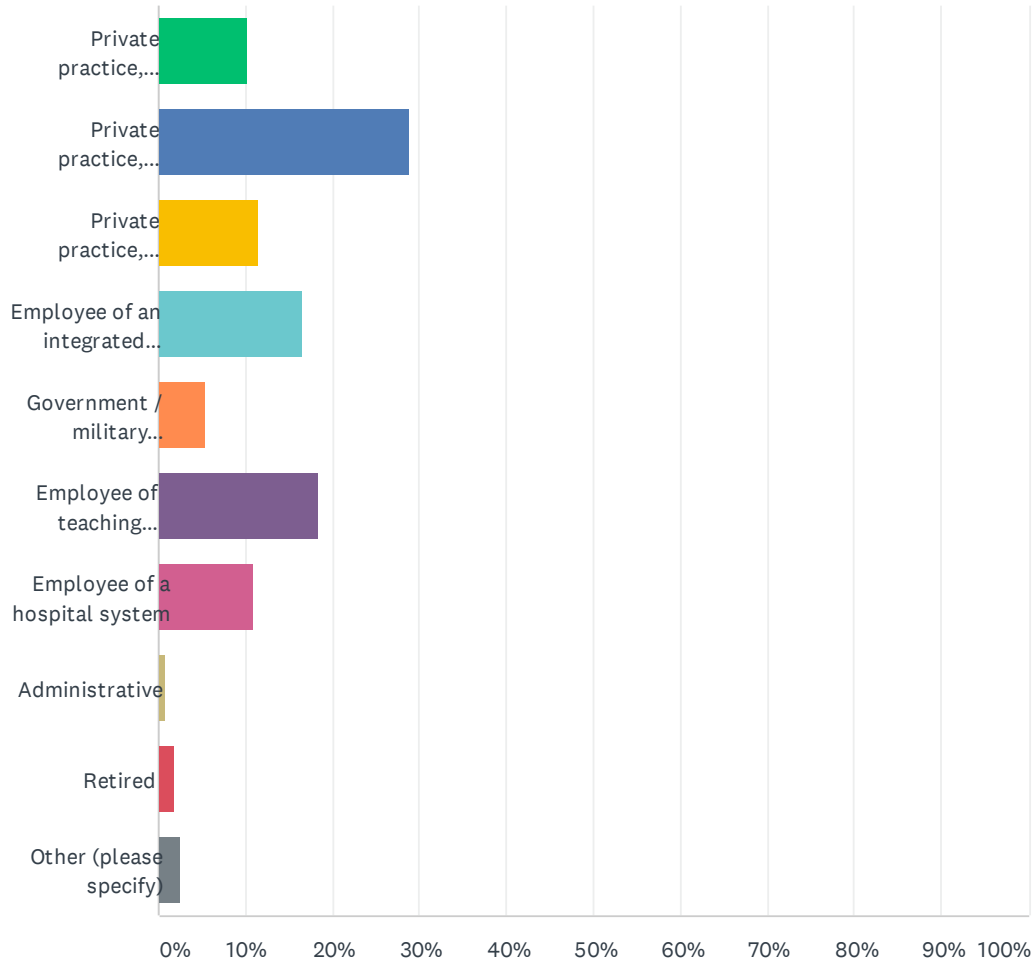
	LOW	MEDIUM	HIGH	VERY HIGH	TOTAL
Access to experts and key opinion leaders	15.46% 66	29.04% 124	35.36% 151	20.14% 86	427
Meetings & professional development	11.74% 50	24.65% 105	37.79% 161	25.82% 110	426
Opportunities for leadership and volunteerism	51.54% 218	26.71% 113	13.00% 55	8.75% 37	423
Opportunities to present research	57.88% 246	19.06% 81	14.82% 63	8.24% 35	425
Representation & advocacy	21.60% 92	31.46% 134	31.46% 134	15.49% 66	426
Career and employment connections	38.12% 162	34.12% 145	18.12% 77	9.65% 41	425
Networking with colleagues and industry	13.41% 57	32.00% 136	31.53% 134	23.06% 98	425

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#	COMMENTS	DATE
1	Found a new opportunity in 2019 ! After 28 years....	8/23/2020 10:55 AM
2	xxx	8/22/2020 1:00 PM
3	Frankly: I have to be a member of WSAUA to be a member of AUA. Otherwise I would drop my membership.	8/19/2020 3:34 PM
4	Keep on the good work .	8/17/2020 7:46 PM
5	its required	8/17/2020 7:43 PM
6	Required to be a section member	8/17/2020 5:09 PM
7	Must be member to be in AUA.	8/17/2020 2:15 PM
8	I have only been to 1 meeting in Maui	8/17/2020 12:49 PM
9	its required for aua membership	8/17/2020 8:38 AM
10	I'm required to be a member if I'm an AUA member. To me its just a TAX with no benefit	8/16/2020 10:15 PM
11	I have to use much more resource from AUA including program in AUA university not from western section	8/16/2020 8:00 PM
12	Colleagues, not industry.	8/16/2020 6:50 PM
13	We are no longer members but we think the WS has done an excellent job.	8/8/2020 8:02 PM
14	The only reason I am in the WSAUA is because I am forced to be by AUA membership.	8/3/2020 1:07 PM
15	Required in order to be a member of the AUA	8/3/2020 10:53 AM
16	mandatory with AUA	8/3/2020 9:41 AM
17	answers to the above questions has changed significantly since I retired.	8/2/2020 9:16 PM
18	Just being supportive	8/2/2020 6:37 PM
19	Required since I am a national AUA member.	8/2/2020 6:04 PM
20	I'm pretty burned out and not sure that my opinions should be considered. I find trying to practice Urology requires just too much energy and hassle just to do the simplest of tasks.	8/2/2020 5:23 PM
21	Good for early career dev	8/2/2020 4:56 PM

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

Answered: 428 Skipped: 12



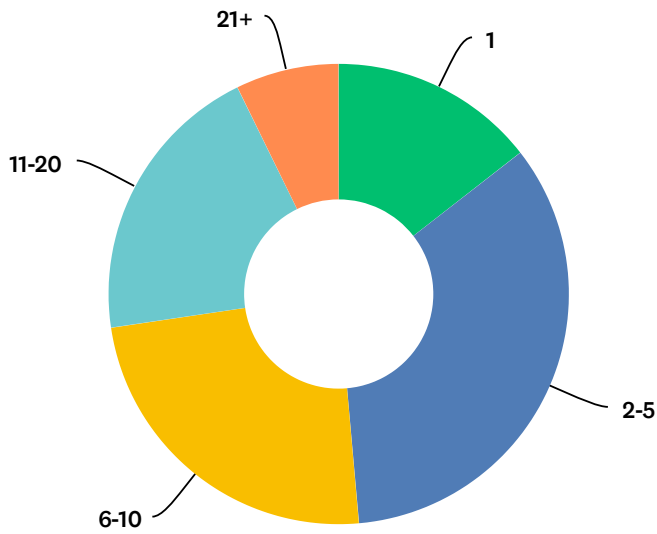
ANSWER CHOICES	RESPONSES	
Private practice, urology solo	10.28%	44
Private practice, urology group or network	28.97%	124
Private practice, multi-specialty group	11.45%	49
Employee of an integrated health delivery system (e.g. Kaiser)	16.59%	71
Government / military employee	5.37%	23
Employee of teaching hospital / Academic center	18.46%	79
Employee of a hospital system	10.98%	47
Administrative	0.93%	4
Retired	1.87%	8
Other (please specify)	2.57%	11
Total Respondents: 428		

Western Section AUA 2020 Health Policy Survey

#	OTHER (PLEASE SPECIFY)	DATE
1	part-time in current situation, retired from KP	8/24/2020 10:23 PM
2	xx	8/22/2020 1:00 PM
3	Academic	8/17/2020 7:52 PM
4	Slowing down "semiretired"	8/17/2020 12:05 PM
5	pharmaceutical industry	8/17/2020 6:27 AM
6	Retired	8/16/2020 8:28 PM
7	consultation, reviews of cases	8/16/2020 6:34 PM
8	Residency training program	8/16/2020 5:52 PM
9	Solo, but tightly associated with 2 other urologists.	8/9/2020 2:58 PM
10	Volunteer urology work only	8/4/2020 1:09 PM
11	Banner UMC, Tucson	8/3/2020 1:53 PM

Q28 How many urologists are in your practice / group?

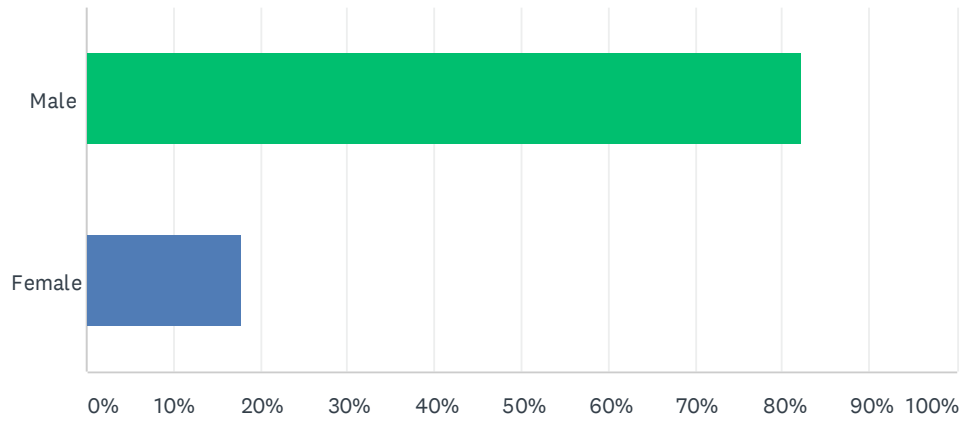
Answered: 428 Skipped: 12



ANSWER CHOICES	RESPONSES	
1	14.49%	62
2-5	34.11%	146
6-10	24.07%	103
11-20	20.09%	86
21+	7.24%	31
TOTAL		428

Q29 Your Gender

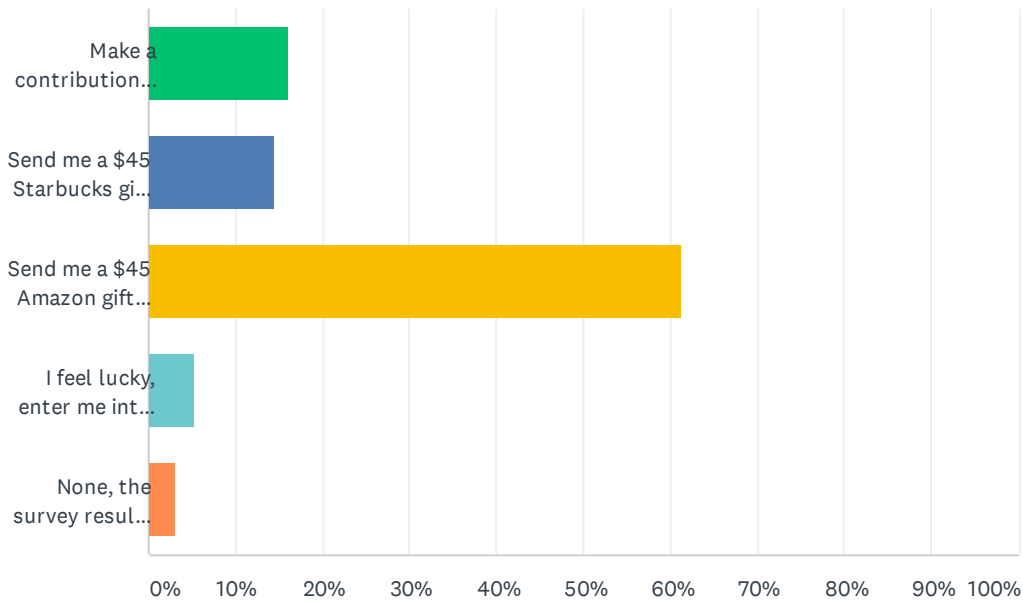
Answered: 428 Skipped: 12



ANSWER CHOICES	RESPONSES	
Male	82.24%	352
Female	17.76%	76
TOTAL		428

Q30 Please choose your reward for taking this survey then complete the last question below and SUBMIT.

Answered: 428 Skipped: 12



ANSWER CHOICES	RESPONSES	
Make a contribution to the Residents Scholarship Fund of \$100 in my name	16.12%	69
Send me a \$45 Starbucks gift card by email	14.49%	62
Send me a \$45 Amazon gift card by email	61.21%	262
I feel lucky, enter me into the 4 drawings for \$400 cash	5.14%	22
None, the survey results will be reward enough	3.04%	13
TOTAL		428