

2018 AUA Advocacy Summit Essay Submission:

“Camila’s Challenge” – Eric E. Jung, MD

When considering resolutions for the New Year through the lens of advocacy, I recalled a thirty-year-old Puerto Rican artist displaced by Hurricane Maria named Camila who had been under my care for an acute stone episode. Aware that she lacked health insurance, Camila perseverated about whether she could afford the cost of her care. I typically deferred such questions for the social worker and patient financial advocates, but she bemoaned how doctors were not better informed about the cost of the very services they provide. Camila was not the first patient to ask about the cost of care, but the missed opportunity to answer her questions inspired me to become a more complete urologist. To do so, I needed to expand my personal educational curriculum to incorporate cost awareness within the context of health disparities and ultimately, higher value care.

The health policy challenges reflected in these goals manifest on a weekly basis through the lived experiences of the diverse range of patients seen in the resident clinic where urology residents take ownership of management decisions. A review of the literature suggests that my limited awareness about the cost of procedural interventions not only extends to other specialties, but also encompasses other measurable commodities such as prescriptions and durable medical equipment in both inpatient and outpatient settings as well as other health systems. (1,2) Whereas it could be argued that introducing discussions about the cost of urologic care particularly in the care of low income and underserved populations may lead to perceived inequities in care delivery and concerns for rationing of care, urologists’ understanding about the costs of different care options will be a pre-requisite in the goal to achieve value-driven care under the Triple Aim of healthcare improvement. Cost-awareness may not translate into alterations in daily clinical management, but the next generation of urologists will bear a collective responsibility to remain active in the evolving discussion of care particularly as other specialties have already made strides in formalizing curriculum adjustments in graduate medical education in this regard. (3,4,5). What cannot be ignored are the clinical manifestations of healthcare inequality and inequity already demonstrated in the literature, from initial presentation of higher risk prostate cancer with decreased self-efficacy of care to increased rates of forgotten ureteral stents in low income and uninsured populations. (6)

Acknowledging the financial aspects of healthcare is not limited to patient care alone as the potential drawbacks for student loan interest deduction under the proposed Republican tax plan changes demonstrated. Although this provision was ultimately not passed, not engaging in the political process clearly has direct consequences for all physicians that cannot be underestimated in light of average student loan debts totaling nearly \$200,000 for the recent graduating class according to the Association of American Medical Colleges. The gravity of the risks of having non-physicians make decisions impacting physician loan management let alone practice environments and clinical decision making compounds when considering the projected decline in the urologic workforce over the next five years. Future urologists would be best served by leading the discussions as the consequence for not doing so would be to comply with decisions made on behalf of the specialty without the necessary consideration of nuances that may have significant practice implications. (7, 8).

That the next generation of urologists must be trained in an ever-expanding skillset beyond the operating room to include the business aspects of medicine in addition to fluency in patient safety and quality improvement becomes increasingly clear. The degree to which any urology

resident may wish to become involved in active political advocacy is a personal choice, and the standard certainly does not need to extend up to the current fifteen physician members of the 115th United States Congress- among whom two urologists are already representing. However, the timing may be ripe for urology trainees to engage in the political process now more than ever in light of President Trump's affinity for Twitter as his medium of choice. One study demonstrates that Congressional health policy staff members generally are in favor of accounts of major news outlets and elected officials, as opposed to other academic or health policy-focused accounts. This may not only represent a clear opportunity for trainees to fill this vacuum by engaging health policy staffers directly on Twitter, but a rarer opportunity to directly engage the Executive Branch with a guaranteed response 280 characters at a time.

Works Cited

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