

AUA Board of Directors February 2017 Meeting - Combined Executive Summary

Purpose: This report is to be used by members of the AUA Board of Directors for their general reference and for reporting to AUA Sections.

Contents

Education.....	1
SOPs Approved	1
Annual Meeting Course Content	1
Finance	1
Bylaws	1
Membership	2
Research	2
NCI Advisory Board Appointment	2
2017 Research Scholar Award	2
AUA <i>Investigator's</i> Inaugural Year	2
Science & Quality	2
Consensus Statement with SAR	2
Quality Reporting	2
AQUA Registry	3
Secretary's Report	3
Annual Meeting	3
Urology Care Foundation.....	3
2017 Boston Benefit Concert	3
Enhanced Patient Education Materials	3
New Patient Education Collaboration.....	3
AUA Secretary Search Process.....	4
Public Policy & Practice Support	4
2017 Federal Legislative Priorities	4
United States Preventive Services Task Force (USPSTF) Reform.....	4
Part B Drug Payment Model	4
Veterans Fertility Coverage.....	4



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Education

SOPs Approved

The Board approved the revised *Standard Operating Practices (SOP's) for Urologic Robotic Surgery*, which had been updated by the Laparoscopic, Robotic & New Surgical Technologies (LRNST) Committee to incorporate the previously separate Delineation of Privileges for Laparoscopic Urologic Procedures Policy Statement. In addition, the Board approved as a Consensus Statement the *AUA Standard Operating Procedure for MRI of the Prostate*, a document written by a workgroup of experts that included representation from the Coding & Reimbursement, Urologic Diagnostic & Therapeutic Imaging, and LRNST Committees. Both documents are available on the AUA website.

[Standard Operating Practices for Urologic Robotic Surgery](#)

[AUA Standard Operating Procedure for MRI of the Prostate](#)

Annual Meeting Course Content

The AUA team has been working to improve the reach of Annual Meeting course content. For AUA2017, the course pass and the on-demand course pass (formally known as the Annual Meeting Webcast) have been bundled to provide a cost savings of \$50 in the purchase price of both products and to make it easier to purchase during the registration process.

Finance

The Board approved internal unaudited Combined Financial Statements for the American Urological Association, Inc. (AUA), AUA Education & Research, Inc. (AUAER) and Urology Care Foundation, Inc. (UCF) for the period ending November 30, 2016. Total Operating Revenue for this 11-month period was \$37,160,000 and Total Operating Expense was \$36,395,000, resulting in a Net Surplus from Operations of \$765,000. UCF enjoyed a Net Surplus from Operations of \$1,697,000, although nearly all of the Surplus is restricted for purposes designated by donors (e.g. research endowment funds).

Bylaws

The Board approved the amendments to the AUA (C-6) Bylaws as proposed by the AUA Bylaws Committee. Changes included reflecting Doctors of Osteopathy as Active Members, eliminating the 1-year practicing urology requirement for Advance Practice Providers and Allied Members, changing committee names to “Residents & Fellows Committee” and “Advanced Practice Provider Membership Committee”, and creating a State Advocacy Committee (January 5, 2017).

The Board approved an amendment to the AUAER (C-3) Bylaws as proposed by the AUA Bylaws Committee that renamed the APN/PA Education Committee the “Advanced Practice Provider Education Committee” (January 5, 2017).

Membership

The Board approved that, beginning with the 2018 dues cycle, AUA dues for residents from countries within the AUA Section geographic boundaries will be calculated using World Bank Classification categories instead of current AUA dues rates.

Research

NCI Advisory Board Appointment

After nearly five years without urologist representation on either of NCI's two major advisory boards (the National Cancer Advisory Board and the Board of Scientific Advisors), AUA member Ian Thompson, MD of the University of Texas Health Science Center at San Antonio School of Medicine was added in December to the NCI Board of Scientific Advisors (BSA). The BSA is responsible for overseeing the NCI's extramural funding programs and reviews and approves all RFAs, RFPs, R&D contracts, and other extramural funding programs. Urology representation on the BSA is a critical step in addressing the challenges that urologists have been facing in competing for NCI funding.

2017 Research Scholar Award

The 2017 Research Scholar Award competition was completed and awardees were announced in December. Fifteen applicants were selected for the available awards. Awardee demographics include: 3 MDs, 4 MD/PhDs, and 8 PhDs; 3 one-year and 12 two-year awards; 9 fellows, and 6 junior faculty.

AUA Investigator's Inaugural Year

The inaugural year of this new quarterly research e-publication was completed in November. The first four issues garnered over 7,000 unique readers, comprising both AUA member and non-member researchers and physicians. The most recent issue was published on February 7.

Science & Quality

Consensus Statement with SAR

The Guidelines Department coordinated efforts with the Society of Abdominal Radiology (SAR) to facilitate the review, editing and approval of an AUA-SAR Consensus Statement on *Prostate MRI and MRI Targeted Biopsy in Patients with Prior Negative Biopsy*. This effort provides important clinical guidance to AUA members while providing a model for future collaborations in areas of common clinical interest, and the resulting document has been published in the Journal of Urology. The Guidelines Department has initiated a similar collaboration with SAR, SUFU and AUGS on the topic of *Pelvic Floor Imaging*.

Quality Reporting

In order to assist members with reporting for the 2016 Physician Quality Reporting System (PQRS), the AUA developed a series of materials (online tutorial, toolkit, etc.), hosted a webinar in December, and answers member questions as needed. AUA staff will continue to work in the first few months in 2017 to address member concerns as providers must submit by the March 31st CMS deadline.

The AUA also is developing tools to help members with MACRA/Quality Payment Program (QPP) reporting in 2017. While many program details are still unclear, the AUA is creating urology-based resources primarily for the Merit-based Incentive Payment System (MIPS).

AQUA Registry

By the end of 2016, AQUA Registry participants numbered 428 urology practices (Solo: 4%, single-specialty: 73%, multispecialty: 14%, academic: 9%), comprising 2,614 providers from 47 states, the District of Columbia, Puerto Rico, and the Virgin Islands. As a Qualified Clinical Data Registry (QCDR), the AQUA Registry can submit quality measures to CMS on behalf of AQUA Registry participants in the 2016 PQRS reporting cycle. The AQUA Registry has already submitted its self-nomination to qualify as a QCDR for 2017, and expects to be approved to facilitate practices' reporting on a measure set that has expanded beyond prostate cancer to cover other urologic conditions, including kidney stones, bladder cancer, and female urology. Plans are already in place to add measure areas in 2018, including castration-resistant prostate cancer (CPRC), male sexual health (e.g., erectile dysfunction, infertility, Testosterone replacement), BPH/male voiding dysfunction, and pediatric urology.

Secretary's Report

Annual Meeting

The AUA Secretary's report to the Board provided updates on Annual Meeting registration, abstract submissions and industry support. To assist in minimizing registration lines at AUA2017, AUA is adding satellite registration services at three hotels: the Westin Waterfront (attached to the Boston Convention Center), the Sheraton Boston Hotel (Back Bay area), and the Renaissance Boston Waterfront Hotel. Visit AUA's website for many more updates to Annual Meeting programming.

Urology Care Foundation

2017 Boston Benefit Concert

The Foundation's benefit "An Evening with the Music of John Williams" will be held on Saturday, May 13, 2017 from 6-10pm at the Hynes Convention Center, Boston. The event will feature a VIP reception and concert with the music of John Williams. The Honorary Event Chair, Governor Charlie Baker and Mrs. Baker will present John Williams with a Citizen Lifetime Achievement award. For more details and to reserve your table or tickets, please visit www.urologyhealth.org/Benefit.

Enhanced Patient Education Materials

The Public Education Council and related Committees are completing their review of more than 50 patient education materials, and has updated all 114 "A to Z" articles on the urologyhealth.org website. Additionally, 10 new videos were added to UCF's library in 2016.

New Patient Education Collaboration

UCF will collaborate with Outcome Health (formerly Context Media Health) to produce new patient education videos in 2017. Outcome Health is a health information services company providing digital patient education at the point of care, and UCF will have the unique opportunity to provide patient education content that Outcome Health will push out to the urology practices in its network.

AUA Secretary Search Process

The Board reviewed the process to select the next AUA Secretary, beginning in April 2017 with a call for nominations and promotions nationwide and among Sections. The deadline to receive applications is July 15 and interviews of final candidates by the Board will take place on October 28, 2017. The timeline and job description will be posted on AUA's website. The Board accepted the revised job description and recruitment timeline for the selection of AUA's next Secretary-elect.

Public Policy & Practice Support

2017 Federal Legislative Priorities

The Board approved the list of federal legislative priorities for 2017. These priorities were developed by the Legislative Affairs Committee using input from an Association-wide survey of members and sister society leaders. The list can be found at [Advocacy Priorities](#).

United States Preventive Services Task Force (USPSTF) Reform

On November 30, AUA provided witness testimony to members of Congress on the House Energy & Commerce Subcommittee on Health seeking reform of the USPSTF recommendation process. Former AUA Board member and current Urology Care Foundation Patient Education Council Chair, Dr. John Lynch, testified on behalf of the AUA.

Part B Drug Payment Model

In December, the Obama administration halted its controversial Medicare Part B drug demonstration, which was proposed to decrease the cost of prescription drugs. The program would have changed the current drug reimbursement rate from the Average Sales Price (ASP) with a 6 percent add-on to ASP with a 2.5 percent add-on plus a \$16.80 flat fee. AUA strongly opposed the demonstration as did other members of the patient, physician and pharmaceutical communities and lawmakers on both sides of the aisle on Capitol Hill.

Veterans Fertility Coverage

AUA endorsed a letter that was signed by 46 members of Congress and sent to the Secretary of Veterans Affairs urging the agency to swiftly adopt the Assisted Reproductive Technology (ART) coverage, specifically, *in vitro* fertilization, as a covered benefit.