

## 2018 AUA Health Policy Summit Reflection

Michael E. Rezaee, MD, MPH

Opportunities like this are critical for the development of young urologists as we not only learn the fundamentals of our craft, but also understand how to advocate for its future. The 2018 AUA Health Policy Summit showed me how high-quality clinical research and patients' experiences in healthcare can be used to draft new health policy as well as garner support from legislators to support current proposed bills. One of the mainstays of a surgical residency is that you primarily function at the micro-system, directly interacting with patients, families, and healthcare teams in the hospital. At times, through research and educational activities we have the opportunity to experience urology at the regional and national level. However, these experiences are often transient and don't teach urology residents how to take the next step to use research and education to advocate for our patients and profession. The young sponsored urologist program for the AUA's Health Policy Summit fills this gap and I am thankful for the opportunity provided to me by the Northeastern Section to attend this event.

One of my biggest learning points from the Summit was understanding the importance of "the ask". When speaking to legislators and their staff, it's imperative to deliver clear and organized language of what you are asking them to support. This is similar to the concept of the single overriding communication objective (SOCO) used in public health campaigns. When you have only minutes to capture someone's attention, the ask needs to be quick and sharp. Once your message is delivered, you then need to be prepared with facts and figures to drive your point home. What I found most helpful, however, is when the message is also delivered in the context of patients, otherwise known as constituents. In my opinion, providing an example of a voter who is waiting 1-2 months to see a urologist in Vermont because of limited access to healthcare peaked more attention than any cited research study.

Another important lesson for me from the Summit was that urology, defined as a surgical subspecialty, may be limiting the impact and influence of our efforts in today's political climate. Many legislators' national health policy agendas are focused on the physician workforce shortage as it relates to primary care and mental health providers. It was apparent to me during our meetings on the Hill that urology needs to be better positioned as a field that not only provides specialty care, but also addresses many primary care-focused issues for Americans (e.g. erectile dysfunction, incontinence, recurrent urinary tract infections). Ensuring that legislators and other healthcare professionals have a better understanding of what urologists provide to patients may allow us to have a bigger seat at the table and more influence on U.S. health policy overall. We can begin to address this issue by increasing the reach of urology in the classroom and through research endeavors, as discussed in my application essay. However, we should also not miss opportunities for collaboration and shared-work across healthcare disciplines. The same day we were on the Hill the American College of Obstetricians and Gynecologists (ACOG) were also meeting with the same legislators. Although we may have professional differences from this group and potential issues over a transected ureter or two, we should be able to work together, support one-another, and advocate for shared goals whenever able.